

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: OH**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: OH**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 21,938,322

A.Preventive and primary care for children:

\$ 10,786,533 ( 49.17%)

B.Children with special health care needs:

\$ 6,581,497 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 524,698 ( 2.39%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 3,495,443

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 33,191,474

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 11,798,944

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 23,812,983

\$ 44,990,418

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 70,424,183

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 279,937,903

h. AIDS: \$ 23,290,601

i. CDC: \$ 1,314,917

j. Education: \$ 14,497,916

k. Other: \$ 0

Black Lung \$ 291,000

CDC Birth Defects \$ 336,334

Child Care Dev. \$ 241,000

Nat'l Student Loans \$ 440,000

Other Funds See Note \$ 789,335

Primary Care \$ 312,662

Rural Flex \$ 591,600

Rural Health \$ 167,200

SRHIP \$ 287,703

Title X \$ 4,251,624

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 326,844,439

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 397,268,622

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
SECCS @ 105,000  
Oral Health @ 137,384  
SEARCH @ 250,000  
Newborn Hearing @ 150,000  
PRAMS @ 146,951

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: OH**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 23,310,577	\$ 22,821,184	\$ 22,963,650	\$ 21,941,933	\$ 22,792,950	\$ 18,502,827
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 2,905,677	\$ 0	\$ 4,264,350	\$ 4,264,350	\$ 3,237,642	\$ 3,237,642
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 23,984,359	\$ 30,757,719	\$ 33,391,338	\$ 22,595,443	\$ 30,435,788	\$ 18,658,778
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 4,227,065	\$ 2,264,967	\$ 4,798,000	\$ 2,771,811	\$ 4,915,761	\$ 5,728,729
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 54,427,678	\$ 55,843,870	\$ 65,417,338	\$ 51,573,537	\$ 61,382,141	\$ 46,127,976
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 244,832,900	\$ 258,436,254	\$ 270,857,471	\$ 257,105,207	\$ 276,550,469	\$ 270,485,364
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 299,260,578	\$ 314,280,124	\$ 336,274,809	\$ 308,678,744	\$ 337,932,610	\$ 316,613,340
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: OH**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 22,294,606	\$ 21,936,284	\$ 21,802,339		\$ 21,938,322	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 3,516,490	\$ 3,516,490	\$ 4,652,992		\$ 3,495,443	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 31,794,862	\$ 32,159,105	\$ 32,064,483		\$ 33,191,474	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 6,057,424	\$ 6,014,888	\$ 15,967,790		\$ 11,798,944	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 0	\$ 70,424,183	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 285,667,686	\$ 313,109,488	\$ 332,038,634		\$ 326,844,439	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 349,331,068	\$ 376,736,255	\$ 406,526,238	\$ 0	\$ 397,268,622	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

Funding listed as budget is proposed for FY; funding listed as expended are actual expenditures.

### FIELD LEVEL NOTES

- 1. Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Ohio uses the unobligated funds from the previous FFY NOA in the first quarter of the succeeding FFY to continue support for Title V programs until the new NOA is issued.
- 2. Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The major reason for the apparent reduction of state matching and other funds is the decision by the department to seek Medicaid Administrative Claiming (MAC) funds. To be eligible for MAC funding the salaries of the persons participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedicated to MCH activities to attach the MAC funds. The staff still support BG activities, but these expenditures are reported on line 5 "Other Funds" not on line 3 as state match.  
  
It should be noted that in FFY 08 the Ohio department of Health recieved approval of its' MAC plan and the first reimbursement under the plan.
- 3. Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The major reason for the change in state matching and other funds is the decision by the department to seek Medicaid Administrative Claiming (MAC) funds. To be eligible for MAC funding the salaries of the persons participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedicated to matching MCH funds to attract the MAC funds. The staff still support BG activities, but these expenditures are not reported as match on line 3, instead they are being reported on line 5 as "Other Funds."

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: OH**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 5,505,549	\$ 6,974,440	\$ 6,846,345	\$ 6,107,373	\$ 6,195,198	\$ 5,647,207
b. Infants < 1 year old	\$ 2,402,845	\$ 3,043,929	\$ 2,988,023	\$ 2,665,506	\$ 2,703,836	\$ 2,464,671
c. Children 1 to 22 years old	\$ 15,420,202	\$ 19,534,342	\$ 19,175,568	\$ 17,105,820	\$ 17,351,803	\$ 15,816,966
d. Children with Special Healthcare Needs	\$ 30,439,119	\$ 25,924,347	\$ 35,968,365	\$ 25,445,830	\$ 34,699,891	\$ 21,685,341
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 659,963	\$ 366,812	\$ 439,037	\$ 249,008	\$ 431,413	\$ 513,791
g. SUBTOTAL	\$ 54,427,678	\$ 55,843,870	\$ 65,417,338	\$ 51,573,537	\$ 61,382,141	\$ 46,127,976
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 202,274,718		\$ 221,084,871		\$ 233,934,060	
h. AIDS	\$ 16,762,266		\$ 21,300,319		\$ 16,858,517	
i. CDC	\$ 1,344,631		\$ 1,620,000		\$ 1,350,532	
j. Education	\$ 15,361,800		\$ 18,343,074		\$ 15,338,208	
k. Other						
Field Notes Total	\$ 0		\$ 0		\$ 8,538,841	
PRAMS	\$ 0		\$ 0		\$ 150,111	
Small Rural Hospital	\$ 0		\$ 0		\$ 280,200	
Other Federal Grants	\$ 0		\$ 8,409,207		\$ 0	
Other Fed. Grants	\$ 8,989,485		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 244,832,900		\$ 270,857,471		\$ 276,550,469	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: OH**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 6,580,118	\$ 7,192,718	\$ 8,861,040		\$ 8,405,441	
b. Infants < 1 year old	\$ 2,871,833	\$ 3,139,195	\$ 3,867,318		\$ 3,668,476	
c. Children 1 to 22 years old	\$ 18,429,909	\$ 20,145,705	\$ 24,818,422		\$ 23,542,357	
d. Children with Special Healthcare Needs	\$ 35,317,268	\$ 32,749,927	\$ 36,299,783		\$ 34,283,211	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 464,254	\$ 399,222	\$ 641,041		\$ 524,698	
g. SUBTOTAL	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 0	\$ 70,424,183	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 237,998,966		\$ 283,822,880		\$ 279,937,903	
h. AIDS	\$ 23,290,601		\$ 23,881,598		\$ 23,290,601	
i. CDC	\$ 1,395,430		\$ 1,355,585		\$ 1,314,917	
j. Education	\$ 14,720,511		\$ 14,677,053		\$ 14,497,916	
k. Other						
Black Lung	\$ 528,531		\$ 525,547		\$ 291,000	
CDC Birth Defects	\$ 180,000		\$ 180,000		\$ 336,334	
Child Care Dev.	\$ 0		\$ 0		\$ 241,000	
Nat'l Student Loans	\$ 0		\$ 300,000		\$ 440,000	
Other Funds See Note	\$ 0		\$ 0		\$ 789,335	
Primary Care	\$ 312,662		\$ 312,662		\$ 312,662	
Rural Flex	\$ 600,000		\$ 673,531		\$ 591,600	
Rural Health	\$ 0		\$ 0		\$ 167,200	
SRHIP	\$ 303,756		\$ 295,185		\$ 287,703	
Title X	\$ 4,701,397		\$ 4,701,397		\$ 4,251,624	
Child Care Developme	\$ 199,000		\$ 241,020		\$ 0	
Cleveland AIDS	\$ 300,000		\$ 200,000		\$ 0	
Other Funds-See Note	\$ 0		\$ 777,532		\$ 0	
Nat'L Student Loan	\$ 246,263		\$ 0		\$ 0	
Other funds-See Note	\$ 795,925		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 285,667,686		\$ 332,038,634		\$ 326,844,439	



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2007

**Field Note:**

The reduced expenditures reflect the full implementation of cost reductions in the CSHCN program. These reductions were necessary because the program's resources, at the time, were not adequate to support the increasing costs.

2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2008

**Field Note:**

Administrative costs are defined as those expenditures related to the Operational Support section of the Division of Family and Community Health Services. The sections suffered the retirement of two employees and was unable to fill the vacancies.

3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2007

**Field Note:**

The administrative costs are based on the expenditures of the Operational Support Section of DFCHS. Previously, the section had lost five staff persons. In FFY 06, one staff person was replaced and in FFY 07, an additional person was hired.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: OH**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 29,519,543	\$ 33,431,637	\$ 34,629,966	\$ 27,952,029	\$ 33,368,253	\$ 21,268,794
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,452,058	\$ 8,915,878	\$ 12,246,088	\$ 9,398,389	\$ 11,142,883	\$ 9,889,014
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,120,878	\$ 4,838,029	\$ 6,646,186	\$ 5,098,830	\$ 6,047,466	\$ 5,366,289
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 9,335,199	\$ 8,658,326	\$ 11,895,098	\$ 9,124,289	\$ 10,823,539	\$ 9,603,879
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 54,427,678	\$ 55,843,870	\$ 65,417,338	\$ 51,573,537	\$ 61,382,141	\$ 46,127,976

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: OH**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 34,441,889	\$ 35,087,983	\$ 39,172,202	\$	\$ 38,462,357	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 11,586,735	\$ 11,354,413	\$ 14,050,105	\$	\$ 12,716,000	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,366,338	\$ 6,160,323	\$ 7,623,184	\$	\$ 6,899,264	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 11,268,420	\$ 11,024,048	\$ 13,642,113	\$	\$ 12,346,562	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 63,663,382	\$ 63,626,767	\$ 74,487,604	\$ 0	\$ 70,424,183	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

1) The reduced direct care expenditures reflect the continuing implementation of cost reductions in the CSHCN program. These reductions were necessary because the program's resources, at the time, were not adequate to support the increasing costs.

2)The department's decision to seek Medicaid Administrative Claiming funds (MAC). To be eligible for MAC funding, at least a portion of the the salaries of staff participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedicated to MCH partnership to attract MAC funds. The staff still support MCH-BG activities, but these expenditures are reported as being related (i.e., as match or other) to the BG's budget.

2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

1) The reduced direct care expenditures reflect the continuing implementation of cost reductions in the CSHCN program. These reductions were necessary because the program's resources, at the time, were not adequate to support the increasing costs.

2)The department's decision to seek Medicaid Administrative Claiming funds (MAC). To be eligible for MAC funding, at least a portion of the the salaries of staff participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedicated to MCH partnership to attract MAC funds. The staff still support MCH-BG activities, but these expenditures are reported as being related (i.e., as match or other) to the BG's budget.

3. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

The major reason for the difference is based on the department's decision to seek Medicaid Administrative Claiming funds (MAC). To be eligible for MAC funding, at least a portion of the the salaries of staff participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedciated to MCH partnership to attract MAC funds. The staff still support MCH-BG activities, but these expenditures are reported as being related (i.e., as match or other) to the BG's budget.

4. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

The major reason for the difference is based on the department's decision to seek Medicaid Administrative Claiming funds (MAC). To be eligible for MAC funding, at least a portion of the the salaries of staff participating in the time study must be supported by funds which are not used to match other federal funds. Therefore the department decided to use some funds previously dedciated to MCH partnership to attract MAC funds. The staff still support MCH-BG activities, but these expenditures are reported as being related (i.e., as match or other) to the BG's budget.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: OH						
Total Births by Occurrence: <u>153,302</u>				Reporting Year: <b>2007</b>		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>147,485</u>	<u>96.2</u>	<u>164</u>	<u>11</u>	<u>11</u>	<u>100</u>
Congenital Hypothyroidism	<u>147,485</u>	<u>96.2</u>	<u>722</u>	<u>89</u>	<u>0</u>	<u>0</u>
Galactosemia	<u>147,485</u>	<u>96.2</u>	<u>90</u>	<u>7</u>	<u>0</u>	<u>0</u>
Sickle Cell Disease	<u>147,485</u>	<u>96.2</u>	<u>102</u>	<u>90</u>	<u>67</u>	<u>74.4</u>
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>4</u>	<u>2</u>	<u>0</u>	<u>0</u>
Congenital Adrenal Hypoplasia	<u>147,485</u>	<u>96.2</u>	<u>450</u>	<u>13</u>	<u>0</u>	<u>0</u>
Cystic Fibrosis	<u>147,485</u>	<u>96.2</u>	<u>512</u>	<u>44</u>	<u>0</u>	<u>0</u>
Homocystinuria	<u>147,485</u>	<u>96.2</u>	<u>89</u>	<u>1</u>	<u>1</u>	<u>100</u>
Maple Syrup Urine Disease	<u>147,485</u>	<u>96.2</u>	<u>84</u>	<u>1</u>	<u>1</u>	<u>100</u>
Argininemia	<u>147,485</u>	<u>96.2</u>	<u>39</u>	<u>0</u>	<u>0</u>	
Isovaleric Acidemia	<u>147,485</u>	<u>96.2</u>	<u>23</u>	<u>1</u>	<u>1</u>	<u>100</u>
Carnitine Uptake Defect	<u>147,485</u>	<u>96.2</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Methylmalonic acidemia (Cbl A,B)	<u>147,485</u>	<u>96.2</u>	<u>113</u>	<u>2</u>	<u>1</u>	<u>50</u>
Multiple Carboxylase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>147</u>	<u>0</u>	<u>0</u>	
Glutaric Acidemia Type I	<u>147,485</u>	<u>96.2</u>	<u>4</u>	<u>0</u>	<u>0</u>	
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>11</u>	<u>4</u>	<u>0</u>	<u>0</u>
Long Chain Hydroxyacyl-CoA Dehydrogenase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>9</u>	<u>0</u>	<u>0</u>	
Glutaric Acidemia Type II	<u>147,485</u>	<u>96.2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>
3-Hydroxy 3-Methyl Glutaric Aciduria	<u>147,485</u>	<u>96.2</u>	<u>24</u>	<u>1</u>	<u>1</u>	<u>100</u>
Argininosuccinic Acidemia/Citrullinemia	<u>147,485</u>	<u>96.2</u>	<u>3</u>	<u>2</u>	<u>0</u>	<u>0</u>
Short Chain Acyl-CoA Dehydrogenase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>17</u>	<u>0</u>	<u>0</u>	
Medium Chain Acyl-CoA Dehydrogenase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>27</u>	<u>12</u>	<u>0</u>	<u>0</u>
Carnitine Acylcarnitine Translocase Deficiency	<u>147,485</u>	<u>96.2</u>	<u>2</u>	<u>0</u>	<u>0</u>	
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_TreatmentNo  
**Row Name:** Congenital  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
Unknown -- data not collected until 2008
2. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_TreatmentNo  
**Row Name:** Galactosemia  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
Unknown - data not collected until 2008
3. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_TreatmentNo  
**Row Name:** SickCellDisease  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
Treatment information collected on slightly different time period which accounts for discrepancy.
4. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
Biotinidase Deficiency, Argininosuccinic Acidemia, Congenital Adrenal Hypoplasia, Medium Chain Acyl-CoA Dehydrogenase Deficiency, Very Long Chain Acyl-CoA Dehydrogenase Deficiency, Long Chain Hydroxyacyl-CoA Dehydrogenase Deficiency - Number needing treatment that received treatment is unknown. Data not collected until 2008. 3-Hydroxy 3-Methyl Glutaric Aciduria confirmed case requires sick day formula only.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: OH**

**Reporting Year: 2008**

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	150,784	38.0				
Infants < 1 year old	150,784	53.9	3.3			
Children 1 to 22 years old	1,602,169	36.3	8.8			
Children with Special Healthcare Needs	308,948	36.0		62.0	2.0	0.0
Others	77,384	23.7	0.6	74.7		
TOTAL	2,290,069					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
This figure represents resident deliveries for calendar year 2007, per final Ohio Vital Statistics birth files. Resident deliveries are used due to the Regionalized Perinatal Network in place in Ohio. 2008 data are not available.
- 2. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Figures are estimates based on percent of deliveries in the state eligible for (enrolled in) Title XIX.
- 3. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
This figure represents resident deliveries for calendar year 2007, per final Ohio Vital Statistics birth files. Resident deliveries used due to the required newborn hearing screening and metabolic screening performed on all infants born in Ohio. 2008 data are not available.
- 4. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Figures are estimates based on percent of infants enrolled in Medicaid (resident deliveries only).
- 5. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Figures are estimates based on percent of children enrolled in SCHIP.
- 6. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Numbers served are an estimated, unduplicated figure derived from the program serving the largest numbers of children in the age group: School Nurse Consultation.  
  
There are approximately 1,751,511 children in Ohio schools, public and private schools combined. While 85 percent have access to some school nursing service, Ohio's Title V school nursing consultation program receives even more calls from schools without a school nurse. All are counted as being served by a school nurse. 283,745 of the nearly 2 million children are identified as being disabled and are counted in the CSHCN section of this form. Ohio also serves an additional 134,403 children ages 1-5 years in the WIC program.
- 7. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Figures are estimates based on percent of children enrolled in Medicaid
- 8. Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Figures are estimates based on percent of children enrolled in SCHIP.
- 9. Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Figure derived from adding 283,745 school age children who represent the 16.2 percent of all public and private students that are estimated to be disabled in Ohio (National Survey of Children with Special health Care Needs 2005/6) , with the 25, 203 children ages 0-3 years who are enrolled in the part C Early Intervention program.
- 10. Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XIX  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Ohio children with SHCN with public insurance from the 2005/06 National Survey of Children with Special Health Care Needs.
- 11. Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Private



**Row Name:** Children with Special Health Care Needs

**Column Name:** Private/Other %

**Year:** 2010

**Field Note:**

Ohio children with SHCN with private/other insurance from the 2005/06 National Survey of Children with Special Health Care Needs.

12. **Section Number:** Form7\_Main

**Field Name:** CSHCN\_None

**Row Name:** Children with Special Health Care Needs

**Column Name:** None %

**Year:** 2010

**Field Note:**

Ohio children with SHCN with no insurance, from the 2005/06 National Survey of Children with Special Health Care Needs.

13. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_TS

**Row Name:** Others

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

Figure derived from adding 66,863 non-pregnant Family Planning clients and 10,521 postpartum clients in Ohio's WIC program.

14. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_XIX

**Row Name:** Others

**Column Name:** Title XIX %

**Year:** 2010

**Field Note:**

Figures are estimates based on information collected by the Family Planning Program, (AHLERS) which collects information on primary sources of payment.

15. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_XXI

**Row Name:** Others

**Column Name:** Title XXI %

**Year:** 2010

**Field Note:**

Figures are estimates based on information collected by the Family Planning Program, (AHLERS) which collects information on primary sources of payment.

16. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_Private

**Row Name:** Others

**Column Name:** Private/Other %

**Year:** 2010

**Field Note:**

Figures are estimates based on information collected by the Family Planning Program, (AHLERS) which collects information on primary sources of payment. 11.0 percent are private pay; 64.7 percent are Other.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: OH**

Reporting Year: 2008

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	151,352	115,541	23,669	158	3,201	85	2,449	6,249
Title V Served	151,352	115,541	23,669	158	3,201	85	2,449	6,249
Eligible for Title XIX	57,564	39,698	16,589	1	596	8	607	65
<b>INFANTS</b>								
Total Infants in State	150,784	115,161	23,636	158	3,163	84	2,414	6,168
Title V Served	150,784	115,161	23,636	158	3,163	84	2,414	6,168
Eligible for Title XIX	81,315	55,059	23,981	3	890	24	1,064	294

**II. UNDUPLICATED COUNT BY ETHNICITY**

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	143,540	6,660	1,152	3,371	57	1,152	0	2,080
Title V Served	143,540	6,660	1,152	3,371	57	1,152	0	2,080
Eligible for Title XIX	54,769	2,795	2,795	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	143,044	6,586	1,154	3,325	56	1,150	0	2,055
Title V Served	143,044	6,586	1,154	3,325	56	1,150	0	2,055
Eligible for Title XIX	77,184	4,131	4,131	0	0	0	0	0

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_White  
**Row Name:** Total Deliveries in State  
**Column Name:** White  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Black  
**Row Name:** Total Deliveries in State  
**Column Name:** Black or African American  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Indian  
**Row Name:** Total Deliveries in State  
**Column Name:** American Indian or Native American  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Asian  
**Row Name:** Total Deliveries in State  
**Column Name:** Asian  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Hawaiian  
**Row Name:** Total Deliveries in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
7. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_More  
**Row Name:** Total Deliveries in State  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
8. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_RaceOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.
9. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
10. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.  
  
Data prepared by the Ohio Department of Health, Center for Health Statistics and Informatics.
11. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
12. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_White  
**Row Name:** Total Infants in State  
**Column Name:** White  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

13. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_Black  
**Row Name:** Total Infants in State  
**Column Name:** Black or African American  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

14. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_Indian  
**Row Name:** Total Infants in State  
**Column Name:** American Indian or Native American  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

15. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_Asian  
**Row Name:** Total Infants in State  
**Column Name:** Asian  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

16. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_Hawaiian  
**Row Name:** Total Infants in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

17. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_More  
**Row Name:** Total Infants in State  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

18. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_RaceOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

19. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.

20. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.

Report produced by Ohio Department of Health, Division of Family and Community Health Services.

Data prepared by the Ohio Department of Health, Center for Health Statistics and Informatics.

21. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

22. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

23. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_NotReported  
**Row Name:** Total Deliveries in State  
**Column Name:** Ethnicity Not Reported  
**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**24. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_Mexican

**Row Name:** Total Deliveries in State

**Column Name:** Mexican

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**25. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_Cuban

**Row Name:** Total Deliveries in State

**Column Name:** Cuban

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**26. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_PuertoRican

**Row Name:** Total Deliveries in State

**Column Name:** Puerto Rican

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**27. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_CentralAmerican

**Row Name:** Total Deliveries in State

**Column Name:** Central and South American

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**28. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_EthnicityOther

**Row Name:** Total Deliveries in State

**Column Name:** Other and Unknown

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

**29. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

ODH Vital Statistics Birth Records for occurrent births, Calendar Year 2007. Data are final. 2008 data are not available.

Data prepared by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**30. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.

Data Prepared by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**31. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.

Data Prepared by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**32. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_NotReported

**Row Name:** Eligible for Title XIX

**Column Name:** Ethnicity Not Reported

**Year:** 2010

**Field Note:**

Ethnic subcategories not available.

**33. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_Mexican

**Row Name:** Eligible for Title XIX

**Column Name:** Mexican

**Year:** 2010

**Field Note:**

Ethnic subcategories not available.

**34. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_Cuban

**Row Name:** Eligible for Title XIX

**Column Name:** Cuban

**Year:** 2010

**Field Note:**

Ethnic subcategories not available.

35. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Ethnic subcategories not available.
36. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Ethnic subcategories not available.
37. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_EthnicityOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Ethnic subcategories not available.
38. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
39. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
40. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_NotReported  
**Row Name:** Total Infants in State  
**Column Name:** Ethnicity Not Reported  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
41. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Mexican  
**Row Name:** Total Infants in State  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
42. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Cuban  
**Row Name:** Total Infants in State  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
43. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_PuertoRican  
**Row Name:** Total Infants in State  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
44. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_CentralAmerican  
**Row Name:** Total Infants in State  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
45. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_EthnicityOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
ODH Vital Statistics Birth Records for resident births, Calendar Year 2007. Data are final. 2008 data are not available.
46. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.

Data Prepared by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**47. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid); SFY 2008 dates of service.

Data Prepared by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**48. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_NotReported

**Row Name:** Eligible for Title XIX

**Column Name:** Ethnicity Not Reported

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**49. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Mexican

**Row Name:** Eligible for Title XIX

**Column Name:** Mexican

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**50. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Cuban

**Row Name:** Eligible for Title XIX

**Column Name:** Cuban

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**51. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_PuertoRican

**Row Name:** Eligible for Title XIX

**Column Name:** Puerto Rican

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**52. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_CentralAmerican

**Row Name:** Eligible for Title XIX

**Column Name:** Central and South American

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**53. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_EthnicityOther

**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown

**Year:** 2010

**Field Note:**

Ethnic subcategories are not available.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: OH**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800)755-4769</u>	<u>(800)755-4769</u>	<u>(800)755-4769</u>	<u>(800)755-4769</u>	<u>(800)755-4769</u>
2. State MCH Toll-Free "Hotline" Name	Help Me Grow	Help Me Grow	Help Me Grow	Help Me Grow	Help Me Grow
3. Name of Contact Person for State MCH "Hotline"	<u>Justin Curtis</u>	<u>Justin Curtis</u>	<u>Justin Curtis</u>	<u>Paul Parsons</u>	<u>Paul Parsons</u>
4. Contact Person's Telephone Number	<u>(614) 728-6788</u>	<u>(614) 728-6788</u>	<u>(614) 728-6788</u>	<u>(614) 644-7580</u>	<u>(614) 644-7580</u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>36,624</u>	<u>41,088</u>	<u>54,951</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: OH**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>



**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Main  
**Field Name:** calls\_2  
**Row Name:** Number of calls received On the State MCH Hotline This reporting period  
**Column Name:** FY  
**Year:** 2008  
**Field Note:**  
Data for FFY 2008 is the most current data available.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: OH**

1. State MCH Administration:  
(max 2500 characters)

The Ohio Department of Health administers the Title V Program. The Department conducts a statewide assessment of needs, develops policies, plans and implements programs to improve the health of women, infants, children, adolescents, and families in Ohio. Programs within the Title V administrative structure which are coordinated with the MCH Block Grant include: Oral Health Services to improve access to dental care; the Help Me Grow Program, which includes the Part C Early Intervention Program, birth to three at-risk services and newborn visitation program; Title X family planning services; WIC; Primary and Rural Health Services; Ryan White Program; Childhood Lead Poisoning Prevention Program and the Birth Defects Surveillance Program

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 21,938,322
3. Unobligated balance (Line 2, Form 2)	\$ 3,495,443
4. State Funds (Line 3, Form 2)	\$ 33,191,474
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 11,798,944
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 70,424,183</b>

9. Most significant providers receiving MCH funds:

Local Health Departments

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	150,784
b. Infants < 1 year old	150,784
c. Children 1 to 22 years old	1,602,169
d. CSHCN	308,948
e. Others	77,384

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Title V helps families get the care they need. Title V supports programs that provide community outreach, assists with insurance enrollment and support services such as home visiting, case management, education and respite care. Children with Special Health Care Needs (CSHCN): The Bureau for Children with Medical Handicaps (BCMH) pays for specialty and subspecialty services including: medical/surgical services; occupational, physical, speech and respiratory therapies; durable medical equipment; nutrition and care coordination services for CSHCN participants. All CSHCN participants are assigned a managing physician. The Bureau of Child and Family Health Services (BCFHS) provides family planning, prenatal and child health services through the Child and Family Health Services (CFHS) program throughout Ohio to improve access to care and reduce infant mortality and low birth weight. CFHS provides wrap-around services essential to maintaining and promoting comprehensive health programs.

b. Population-Based Services:  
(max 2500 characters)

Title V helps children and families by offering programs to prevent death, disease or disability. Examples include: newborn screening, immunizations, injury prevention, Sudden Infant Death prevention and education. The CFHS agencies seek to immunize all enrolled children. To monitor and collect accurate data, the Division of Prevention has developed an immunization tracking system and CFHS agencies use this system. Oral Health: The Bureau of Oral Health Services continues to serve underserved rural and inner city areas by providing protective sealants in grade school. Childhood Lead Poisoning Prevention Program: Local Childhood Lead Poisoning Prevention Regional Resource Centers are funded by the MCHB to develop targeted educational campaigns.

c. Infrastructure Building Services:  
(max 2500 characters)

Title V helps build responsive, quality systems of care by assessing maternal and child health needs, measuring program performance and implementing quality improvement methods, policy and standards development. The Pregnancy Risk Assessment Monitoring System (PRAMS) was implemented during FY 2000. This surveillance system provides data to be used for program evaluation and planning. Data and epidemiology capacity has been greatly expanded and enhanced. A comprehensive needs assessment process, involving ODH staff, local partners, the general public, consumers, and other key stakeholders, was conducted in FY 2005, and is again underway for the needs assessment due in the 2011 Application. Community Health Assessments: The nine step process for community health assessment described in Ohio's Public Health Plan is used to identify health needs, service gaps and barriers to care for families and children. Local agencies are funded for clinical services based on the community's public health plan.

12. The primary Title V Program contact person:

Name	Karen Hughes, MPH
Title	Chief, Division of Family and Community Health Services
Address	246 North High Street

13. The children with special health care needs (CSHCN) contact person:

Name	James Bryant, MD
Title	Chief, Bureau for Children with Medical Handicaps
Address	246 North High Street

City	Columbus
State	Ohio
Zip	43215
Phone	614-466-3263
Fax	614-728-9163
Email	karen.hughes@odh.ohio.gov
Web	<a href="http://www.odh.ohio.gov">http://www.odh.ohio.gov</a>

City	Columbus
State	Ohio
Zip	43215
Phone	614-466-1549
Fax	614-728-3616
Email	james.bryant@odh.ohio.gov
Web	<a href="http://www.odh.ohio.gov">http://www.odh.ohio.gov</a>

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: OH**

**Form Level Notes for Form 11**

For 2006 and 2007 Numerator is the number of newborns w/confirmed disorders who received clinical management per data from Regional Sickle Cell Centers and Metabolic Formula Program. Denominator is the number of newborns screened & confirmed MINUS those conditions that do not require clinical management (Hyperphe, Sickle Cell trait, CF carrier). ODH Newborn Screening Lab does NOT collect treatment/clinical management information. This will change in future years. Given protocol at the Lab, we assume all cases except hemoglobin traits receive confirmation, although Sickle Cell traits do not require clinical management. 2008 data are not available. 2007 data were used to estimate 2008.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	78.6	96.2	25.3	27.3	27.3
Numerator	147	179	99	88	88
Denominator	187	186	391	322	322
Data Source					ODH Newborn Screening Lab (see notes)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available; 2006 data are used to estimate 2007 data.

- Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

ODH Newborn Screening Lab does not collect treatment/clinical management information. Currently, ODH Genetics and Sickle Cell programs collect de-identified data. This will change in future years. Given protocol at the Lab, we assume all cases except hemoglobin traits receive confirmation, although Sickle Cell Traits do not require clinical management.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	75	75	75	75
Annual Indicator	59.3	59.3	59.3	65.4	65.4
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with data from the 2002 National CSHCN Survey.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	56	60	60	60	60
Annual Indicator	55.9	55.9	55.9	55.6	55.6
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with data from the 2002 National CSHCN Survey.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	75	75	75
Annual Indicator	60.8	60.8	60.8	64.6	64.6
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with data from the 2002 National CSHCN Survey.



**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	81	90	90	90	95
Annual Indicator	80.2	80.2	80.2	92.2	92.2
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with data from the 2002 National CSHCN Survey.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	10	25	25	25	50
<b>Annual Indicator</b>	5.8	5.8	5.8	48.5	48.5
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					National Survey of CSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	50	50	50	50	50
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with data from the 2002 National CSHCN Survey.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>79</u>	<u>84</u>	<u>84.5</u>	<u>85</u>	<u>85.5</u>
<b>Annual Indicator</b>	<u>79.5</u>	<u>84.1</u>	<u>81.3</u>	<u>80.4</u>	<u>80.4</u>
<b>Numerator</b>	<u>176,829</u>	<u>187,429</u>	<u>180,619</u>	<u>172,568</u>	<u>172,568</u>
<b>Denominator</b>	<u>222,427</u>	<u>222,864</u>	<u>222,163</u>	<u>214,637</u>	<u>214,637</u>
<b>Data Source</b>					National Immunization Survey
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data were used to estimate 2008.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available. 2006 data were used to estimate 2007.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source: Estimated percent of Ohio children 19-35 months of age with vaccination coverage (series 4:3:1:3:3 = 4 doses DTaP or DTP, 3 doses polio, 1 dose MMR, and 3 doses Hib.) from the U.S. National Immunization Survey, (MMWR Q1/2006 - Q4/2006. Percent value is + or - 5.

Data for the denominator from US Census data:2006 - All 2-year-olds and one-half of the 1-year olds.

The numerator was generated by applying Ohio's CDC percentage of vaccination coverage to the denominators.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	18	18	18	18	18
Annual Indicator	19.2	19.6	19.8	19.7	19.7
Numerator	4,569	4,710	4,836	4,798	4,798
Denominator	237,738	240,837	244,467	243,435	243,435
Data Source					Ohio Vital Statistics and US Census
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you do not report the numerator because of fewer than 5 events, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	18	18	18	18	18
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2008 data are not available; 2007 data were used as estimates
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data for denominator from US Census Bureau, 2007 population estimates. Numerator from OH resident births, final 2007 Vital Statistics birth file.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data for denominator from US Census Bureau, 2006 population estimates. Numerator from OH resident births, final 2006 Vital Statistics birth file.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	42	44	45	47	48
Annual Indicator	39.6	42.7	43.6	42.2	50.9
Numerator	456	5,992	410	53,703	64,341
Denominator	1,152	14,029	941	127,146	126,407
Data Source					Annual School Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	51	51	51	52	52
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: From the 2006/2007 Annual Sentinel School Survey of 25 schools which provided a population-based estimate for the state. Numerator: Actual number of children in the sample who received protective sealants = 473 (population estimate = 53703). Denominator: Actual number of children in the sample who were screened = 1147 (population estimate = 127146).

2. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: From the 2005/2006 Annual Sentinel School Survey of 25 schools which provided a population-based estimate for the state.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.4	2.4	2.4	2.5
Annual Indicator	2.9	2.6	2.7	1.6	1.6
Numerator	66	59	58	33	33
Denominator	2,293,008	2,264,102	2,122,965	2,104,949	2,104,949
Data Source					Ohio Vital Statistics and US Census
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter the number of events in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used to estimate 2008 data.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Ohio Vital Statistics 2007 final death file

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2007 Ohio population estimates for 2007

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death file

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2006 Ohio population estimates for 2006

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			28	34	34.5
Annual Indicator		33.3	31.5	31.5	31.5
Numerator		49,469	46,700	46,700	46,700
Denominator		148,555	148,255	148,255	148,255
Data Source					CDC National Immunization Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>35</u>	<u>35.5</u>	<u>36</u>	<u>36</u>	<u>36</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for the most recent year are not yet available from the CDC National Immunization Survey - Breastfeeding Module. It is expected that these data will be available in August 2009. Data from the previous year are used as an estimate.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Breastfeeding data from the CDC National Immunization survey are two years behind the MCH BG reporting year. so data from the 2005 reporting year are used to estimate 2007 data.

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:****Data Source:**

Numerator: CDC National Immunization Survey percentages for birth year 2005. were multiplied by the total number of Ohio resident Tbirths for 2005. the actual indicator is 33.3 +/-5.9

Denominator: 2005 OH resident births, Vital Statistics data.

These 2005 data were used as an estimate for both 2006 and 2007. CDC's data for birth year 2006 will not be available until August 2009.

Ohio is reporting information for NPM 11 using data from CDC's National Immunization Survey (NIS). For this reporting deadline, we are only reporting for children born in 2004/5. An explanation follows:

Ohio has decided to use the NIS as the data source to track progress on NPM 11. Ohio has access to Ross Mother's survey data, but this data will not be used for reporting purposes.

As of 2007, the CDC has begun releasing breastfeeding information from the NIS by birth year rather than by survey year. Subsequently, there is about a 3-year lag from birth year to year of reporting. In summer of 2007, CDC released data for children born in 2004.

NOTE: 2005 data are the same as those reported for 2006 (the data reported in the table have been updated.).

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	50	92	99	99
Annual Indicator	91.1	98.8	90.2	92.2	92.2
Numerator	138,822	147,117	136,500	139,550	139,550
Denominator	152,385	148,903	151,351	151,353	151,353
Data Source					Universal Newborn Hearing Screening Data and Vital
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available; 2007 data are used as estimates

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

.Data Source: Numerator: Universal Newborn Hearing Screening data; the actual percent of newborns screened before hospital discharge during Calendar Year 2007. Ohio Vital Statistics birth data (2007 occurrent births).

3. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Numerator: Universal Newborn Hearing Screening data; the actual percent of newborns screened before hospital discharge during Calendar Year 2006. Ohio Vital Statistics birth data (2006 occurrent births).

NOTE: Methodology for calculating this measure was slightly different than in previous years.



**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	7	7.5	7
Annual Indicator	7.9	8.0	6.6	7.1	7.1
Numerator	224,000	220,006	182,000	198,000	198,000
Denominator	2,833,500	2,765,224	2,754,000	2,787,000	2,787,000
Data Source					Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used to estimate 2008 data.

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

CY 2007 data.

The Current Population Survey Annual Social and Economic Supplement (CPS – ASES) contains data on health insurance by state and age group. Data from the U.S. Census Bureau website ([www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)) were used to construct the following table:

Ohio – Children Ages Birth Through 17 Years

Two- Year Average (2006 and 2007)

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

CY 2006 data.

The Current Population Survey Annual Social and Economic Supplement (CPS – ASES) contains data on health insurance by state and age group. Data from the U.S. Census Bureau website ([www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)) were used to construct the following table:

Ohio – Children Ages Birth Through 17 Years

Two- Year Average (2005 and 2006)

Note: Previous version of calculation included 18 year olds. The above linked website uses the wording "Age: 00 to 17 years" to mean "00 through 17 years." This has been verified with the CPS-ASES tabular data.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>			26.9	26.6	26.6
<b>Annual Indicator</b>		27.6	27.2	27.6	28.0
<b>Numerator</b>		31,569	31,010	32,132	35,003
<b>Denominator</b>		114,380	114,008	116,418	125,011

**Data Source**

CDC PedNSS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	26.1	26.1	25.6	25.6	25.6

**Annual Indicator**

**Numerator**

**Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerator: Number of children in Ohio WIC program in 2008, aged 2-5 years, who had BMI at or above the 85th percentile

Denominator: Total number of children aged 2-5 years in Ohio WIC program in 2008 for whom weight and height data were available.

Data Source: CDC PedNSS data for Ohio WIC program

**2. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator: Number of children in Ohio WIC program in 2007, aged 2-5 years, who had BMI at or above the 85th percentile

Denominator: Total number of children aged 2-5 years in Ohio WIC program in 2007 for whom weight and height data were available.

Data Source: CDC PedNSS data for Ohio WIC program

**3. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numerator: Number of children in Ohio WIC program in 2006, aged 2-5 years, who had BMI at or above the 85th percentile

Denominator: Total number of children aged 2-5 years in Ohio WIC program in 2006 for whom weight and height data were available.

Data Source: CDC PedNSS data for Ohio WIC program

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			18.5	19	14
Annual Indicator		20.9	15.3	15.9	15.9
Numerator		31,111	23,058	23,295	23,295
Denominator		148,855	150,510	146,739	146,739
Data Source					Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	14	14	14	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. Data from 2007 were used to estimate 2008.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: 2007 Vital Statistics birth records - resident births.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: 2006 Vital Statistics birth records - resident births and 2006 Census data.

Note: this is the first year smoking in third trimester has been available from the birth certificate. Previous data source was PRAMS

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	8.5	8.5
Annual Indicator	8.8	9.1	8.7	7.5	7.5
Numerator	72	74	71	61	61
Denominator	813,913	816,936	813,186	811,659	811,659

**Data Source**

Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used to estimate 2008 data.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator: Ohio Vital Statistics 2007 final death file

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2007 Ohio population estimates for 2007

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death files

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2006 Ohio population estimates for 2006

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	72	74	74	74	74
Annual Indicator	68.5	68.5	67.4	69.8	69.8
Numerator	1,585	1,633	1,642	1,779	1,779
Denominator	2,313	2,385	2,437	2,550	2,550
Data Source					Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	74	74	74	74	74
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used as an estimate for 2008.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: 2007 Vital Statistics birth records - resident births.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Ohio Vital Statistics 2006 Final Birth File, resident births.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	88	88.5	88.5	88.5	80.5
<b>Annual Indicator</b>	87.8	87.2	72.7	70.7	70.7
<b>Numerator</b>	124,442	122,663	80,972	82,438	82,438
<b>Denominator</b>	141,730	140,748	111,416	116,582	116,582

**Data Source**

Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	80.5	80.5	80.5	80.5	80.5

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data not available; 2007 data are used as estimates.

- 2.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: 2007 Vital Statistics birth records - resident births.

- 3.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

.Data Source: 2006 final Ohio Vital Statistics data - Resident Births, information on prenatal care not missing. However, with change to revised NCHS 2003 birth certificate standards, 26 percent of entry into prenatal care data is missing. Substantive changes in both question wording and the sources for this information have resulted in data that are not comparable between revisions.

**STATE PERFORMANCE MEASURE # 1**

Increase statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			2	3	3
Annual Indicator			1	2	2
Numerator			1	2	2
Denominator	4	4	4	4	4
Data Source					Program Benc
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Progress for this process measure is measured by the extent to which four benchmarks can be reached. The target for FFY 2008 was to reach three of these benchmarks: 1) Identify baseline rates of unintended pregnancy rates in Ohio; 2) identify populations and areas at risk for poor birth outcomes; and 3) identify and apply appropriate evidence-based practice standards and interventions for the target population. Ohio has met benchmarks 2 and 3.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Progress for this process measure is measured by the extent to which four benchmarks can be reached. The target for FFY Year 2007 was to reach three of these benchmarks: 1) identify baseline rates of unintended pregnancy rates in Ohio; 2) identify populations and areas at risk for poor birth outcomes; and 3) identify and apply appropriate evidenced-based practice standards and interventions for the target population. Ohio has met benchmarks 2 and 3 and has made progress toward #1 through analysis of PRAMS data.

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a capacity building performance measure that is measured by the extent to which four benchmarks can be reached. Ohio has reached one and is making progress on the second.

**STATE PERFORMANCE MEASURE # 2**

Percent of low birth weight black births among all live black births.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			13.4	13.3	13.2
Annual Indicator	13.8	13.6	14.2	16.2	16.2
Numerator	3,284	3,278	3,615	3,603	3,603
Denominator	23,862	24,116	25,494	22,296	22,296
Data Source					Ohio Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	13.1	13	13	13	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Vital Statistics birth data are not available; 2007 data are used as estimates.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: 2007 Vital Statistics birth records - resident births.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Ohio Vital Statistics final birth data- 2006; resident births where birth weight not missing.



**STATE PERFORMANCE MEASURE # 3**

Increase the capacity of the State to assess social/emotional health needs of MCH populations and to promote early identification, prevention and intervention services.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	3	3
Annual Indicator			1	1	2
Numerator			1	1	2
Denominator	4	4	4	4	4
Data Source					Program benc
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Progress for this process measure is measured by the extent to which 4 benchmarks can be reached. The target for FFY 08 was: 1) assess social/emotional health needs of MCH populations; 2) develop mechanisms to promote early identification of social/emotional health needs of MCH populations; 3) develop prevention services for MCH populations at risk. Ohio has made some progress toward meeting these targets.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Progress for this process measure will be measured by the extent to which 4 benchmarks can be reached. The target for FFY 07 was 1) assess social/emotional health needs of MCH populations; 2) develop mechanisms to promote early identification of social/emotional health needs of MCH populations; 3) develop prevention services for MCH populations at risk. Ohio has made some progress toward meeting these targets.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Progress for this process measure was measured by the extent to which four benchmarks could be reached. The target for CY 2006 was "assess the social/emotional health needs of MCH populations". Ohio has made some progress toward meeting this target.

**STATE PERFORMANCE MEASURE # 4**

Degree to which Division of Family and Community Health Services programs can incorporate and evaluate culturally appropriate activities and interventions

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			2	3	4
Annual Indicator			2	3	4
Numerator			2	3	4
Denominator	5	5	5	5	5
Data Source					Program Benc
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>4</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

The FFY 08 target for this process measure was to complete 4 of 5 steps: 1) Programs describe the racial/ethnic/cultural makeup of MCH populations served; 2) Programs describe culturally appropriate activities they are undertaking to address racial/ ethnic/cultural disparities; 3) Assess existing tools used for cultural competence; and 4) assess existing and needed partnerships. Ohio has completed the first three steps completely and step four partially.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

The FFY 07 target for this process measure was to complete 3 of 5 steps: 1) Programs describe the racial/ethnic/cultural makeup of MCH populations served and underserved; 2) Programs describe culturally appropriate activities they are undertaking to address racial/ ethnic/cultural disparities; and 3) Assess existing tools used for cultural competence. Ohio has completed all three steps, and has met the FFY 07 target.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

The FFY 06 target for this process measure was to reach 2 of 5 benchmarks: "Programs describe the racial/ethnic/cultural makeup of MCH populations served and underserved; and "Programs describe culturally appropriate activities they are undertaking to address racial/ ethnic/cultural disparities". Ohio partially completed the benchmarks, but has not met the 06 target.

**STATE PERFORMANCE MEASURE # 5**

Percent of 3rd graders who are overweight

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			36.5	36	35.5
Annual Indicator	35.6	35.6	35.6	34.3	34.6
Numerator	45,342	45,342	45,342	43,212	44,867
Denominator	127,364	127,364	127,364	125,956	129,671
Data Source					Ohio BMI Survey
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	34	34	34	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Data is from Oral Health / BMI Survey of 3rd graders conducted in the 2006 - 2007 school year from a sentinel sample of 25 schools. Numerator: The actual number of children who met the definition of risk for or at overweight =397(population estimate = 43,212). Denominator: The actual number of children who were surveyed = 1,198 (population estimate = . 125,956).

2. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Data is from Oral Health / BMI Survey of 3rd graders conducted in the 2004 - 2005 school year. Data originally reported for reporting year FFY 2005 were corrected. There was an error in the weighting of the data in the first round of data analysis. Data originally reported was 37.4%; correct figure is 35.6%.

**STATE PERFORMANCE MEASURE # 6**

Assess the contribution of safety net providers in meeting the need for primary care, mental health, and dental services

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	1	2
Annual Indicator			1	1	1
Numerator			1	1	1
Denominator	3	3	3	3	3
Data Source					Program Benc
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	2	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure that will be measured by the extent to which three benchmarks can be reached. The target for Calendar Year 2007 was that two benchmarks: 1) "Method is developed to measure access to care "and 2) "Uniform data system is developed to measure services provided by safety net providers" would be reached. The first benchmark has been reached, but not the second. Ohio did not meet its target.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a process measure that will be measured by the extent to which three benchmarks can be reached. The target for Calendar Year 2007 was that one benchmark: "Method is developed to measure access to care" would be reached. Ohio did meet its objective.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure that will be measured by the extent to which three benchmarks can be reached. The target for Calendar Year 2006 was that one benchmark: "Method is developed to measure access to care" would be reached. Ohio is still in the planning process for this benchmark; therefore has not met its target for 2006.

**STATE PERFORMANCE MEASURE # 7**

Percentage of 3rd grade children with untreated caries

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	29	20	20
Annual Indicator	29.9	25.4	23.9	23.7	23.0
Numerator	344	3,565	225	30,159	29,814
Denominator	1,152	14,029	941	127,147	129,671
Data Source					2007/2008 Sentinel School Survey
Is the Data Provisional or Final?				Final	Final

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	19	18	18	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: From the 2007/2008 Sentinel School Survey consisting of 30 schools from which a population based estimate can be determined..

Numerator: Actual number of children with untreated caries in the sample = 283 (population estimate = 29,814). Denominator: Actual number of children screened = 1168 (population estimate = 129,671).

This is sentinel data and may be subject to small fluctuations that are not representative of the population of 3rd graders.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: From the 2006/2007 Sentinel School Survey consisting of 25 schools from which a population based estimate can be determined..

Numerator: Actual number of children with untreated caries in the sample = 270 (population estimate = 30159). Denominator: Actual number of children screened = 1147 (population estimate = 127146).

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: From the 2005/2006 Sentinel School Survey consisting of 25 schools from which a population based estimate can be determined.

**STATE PERFORMANCE MEASURE # 8**

Implement Ohio Connections for Children with Special Needs (OCCSN) Birth Defects Registry System

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	3	4
Annual Indicator			1	3	4
Numerator			1	3	4
Denominator	4	4	4	4	4
Data Source					Program Benc
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure that will be measured by the extent to which four benchmarks can be reached. The target for FFY 2008 was that four benchmarks would be reached: 1) implement a birth defects data collection and referral to services pilot project; 2) build a birth defects data system (infrastructure) that meets program needs for surveillance, case reporting, data sharing/integration; 3) implement a state plan of action for birth defects prevention activities; and 4) expand to a statewide birth defects system. Ohio has met its target.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a process measure that will be measured by the extent to which four benchmarks can be reached. The target for FFY Year 2007 was that three benchmarks would be reached: 1) implement a birth defects data collection and referral to services pilot project; 2) build a birth defects data system (infrastructure) that meets program needs for surveillance, case reporting, data sharing/integration; and 3) implement a state plan of action for birth defects prevention activities. Ohio has met its goal for 2007.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure that is measured by the extent to which four benchmarks can be reached. The target for Calendar Year 2006 was that one benchmark: "Implement a birth defects data collection and referral to services pilot project" would be reached. Ohio has met its goal for 2006 by reaching this benchmark.

**STATE PERFORMANCE MEASURE # 9**

Increase the proportion of children who receive age-and risk-appropriate screenings for lead, vision, and hearing.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	2	2
Annual Indicator				25.0	50.0
Numerator				1	2
Denominator	9	9	9	4	4
Data Source					Program Benchmarks
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure that will be measured by the extent to which four benchmarks can be reached. The target for FFY 2008 was that two benchmarks: 1) Define age of population to measure; and 2) Define what constitutes a "screening" for age group defined" would be met. The target was reached.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure; progress for this process measure is based on a scoring system that quantifies the degree to which expected proportions of children in defined age-and risk categories were screened for three health disorders: lead, vision, and hearing. During the reporting year, the committee working on this measure decided that the issues to be addressed with this measure were primarily capacity-building. Thus a new set of measures in the form of benchmarks (See Detail Sheet) were identified and progress toward them will be reported in the Annual Report for FFY 2007.

**STATE PERFORMANCE MEASURE # 10**

Integrate ODH Maternal and Child Health Information Systems

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	2	3
Annual Indicator			1	1	2
Numerator			1	1	2
Denominator	6	6	6	6	6
Data Source					Program Benc
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	5	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure that will be measured by the extent to which six benchmarks can be reached. The target for FFY 2008 was to meet three of the six benchmarks: 1) assess data information needs; 2) identify barriers to data integration and propose recommendations to overcome them; and 3) develop an implementation plan. Most of the planned activities were completed. Lack of access to needed data prevented us from addressing some of the areas.

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a process measure that will be measured by the extent to which six benchmarks can be reached. The target for FFY 2007 was to assess data information needs. While some progress was made, Ohio did not meet this target in FFY 2007.

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure that will be measured by the extent to which six benchmarks can be reached. The target for FFY 2006 was to assess data information needs. While some progress was made, Ohio did not meet this target in FFY 2006.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: OH**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	6.9	6.8	6.8	6.8	6.8
<b>Annual Indicator</b>	7.7	8.3	7.8	7.7	7.7
<b>Numerator</b>	1,143	1,225	1,167	1,163	1,163
<b>Denominator</b>	148,855	148,255	150,510	150,784	150,784
<b>Data Source</b>					Ohio Vital Statistics
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	6.8	6.8	6.8	6.8	6.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used as an estimate.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics resident birth and death data

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics resident birth and death data

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.9	1.9	1.9	1.9
Annual Indicator	2.7	2.5	2.7	2.3	2.3
Numerator	16.3	16.9	16.7	14.8	14.8
Denominator	6.1	6.7	6.1	6.3	6.3

Data Source

Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available; 2007 data are used as estimates for 2008 data.

2. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics birth and death data.

3. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics birth and death data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4.9	4.9	4.9	4.9	4.9
Annual Indicator	5.0	5.6	5.2	5.2	5.2
Numerator	748	828	782	781	781
Denominator	148,855	148,255	150,510	150,784	150,784
Data Source					Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4.9	4.9	4.9	4.9	4.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data were used as estimates.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics resident birth and death data

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics resident birth and death data

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator	2.7	2.7	2.6	2.5	2.5
Numerator	395	397	385	382	382
Denominator	148,855	148,255	150,510	150,784	150,784
Data Source					Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data were used as estimates.

**2. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics resident birth and death data

**3. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics resident birth and death data

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	10.4	10.2	7	6.5	6.5
Annual Indicator	7.9	7.0	7.0	7.0	7.0
Numerator	1,176	1,046	1,052	1,060	1,060
Denominator	149,276	148,650	150,919	151,185	151,185

Data Source

Ohio Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data were used to estimate 2008 data.

2. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Final 2007 Vital Statistics data for resident fetal deaths 28 weeks or more; and final 2007 Vital Statistics data for early neonatal deaths occurring under 7 days, and live births.

3. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Final 2006 Vital Statistics data for resident fetal deaths 28 weeks or more; and final 2006 Vital Statistics data for early neonatal deaths occurring under 7 days, and live births.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	17	17	17	17	17
Annual Indicator	19.8	20.1	19.9	17.8	17.8
Numerator	424	426	423	375	375
Denominator	2,145,238	2,115,518	2,122,965	2,104,949	2,104,949
Data Source					Ohio Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	17	17	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used as an estimate.

**2. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2007 final death files

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2007 Ohio population estimates for 2007

**3. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death files

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2006 Ohio population estimates for 2006

**STATE OUTCOME MEASURE # 1**

The adolescent death rate per 100,000 adolescents aged 15-19 years.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	54	54	54
Annual Indicator	63.9	61.3	55.3	57.0	57.0
Numerator	520	501	450	463	463
Denominator	813,913	816,936	813,186	811,659	811,659
Data Source					Ohio Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. 2007 data are used to estimate 2008 data.

**2. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2007 final death files

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2007 Ohio population estimates for 2007

**3. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death files

Denominator: U.S. Census/NCHS Bridges Race, Vintage 2006 Ohio population estimates for 2006

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: OH**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met



## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Financial support is provided for technical assistance and travel, but not child care.
2. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
We currently involve families in some of this and will plan more activity in this area.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: OH    FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Incorporate racial/ethnic/cultural health equity in all activities.
2. Improve birth outcomes.
3. Assure appropriate screening, identification, intervention, care coordination and quality medical homes.
4. Assure access to comprehensive preventive and treatment services for individuals and families, including children with special health care needs.
5. Enhance social/emotional strengths of families.
6. Promote age-appropriate nutrition and physical activity.
7. Improve oral health and access to dental care.
8. Promote collaboration and coordination of programs through partnerships and data integration.
9. Promote sexual responsibility and reproductive health.
10. Decrease substance abuse and addiction, including tobacco.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: OH

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Need to Develop a cost study analysis for family planning, well-child and prenatal providers.	Knowing the cost of providing goods/services is important to insure program success and is required by Federal regulations.	Georg H.W. Christie; Health Policy Analysts, Inc.; 114 Dewberry Lane; Syracuse, NY 13219; ghchristie@worldnet.att.net
2.	<b>Other</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Ohio is requesting funds for consultation to assist ODH on the development of an MCH epidemiology agenda.	The consultant will facilitate the development of a process that breaks down administrative barriers to shared leadership and the promotion of a broad, collaborative approach to setting the MCH epidemiology agenda that addresses Ohio's MCH priorities.	The preferred consultant is Juan Acuna.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: OH**

SP # 1

**PERFORMANCE MEASURE:**

Increase statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.

**STATUS:**

Active

**GOAL**

Reduce the number of unintended (mistimed and unwanted) pregnancies

**DEFINITION**

The number of performance measure benchmarks Ohio has reached towards increasing statewide capacity to reduce unintended pregnancies among populations at high risk for poor birth outcomes.

**Numerator:**

Benchmarks: 1) Identify baseline rates of unintended pregnancy in Ohio. 2) Identify populations and areas at risk for poor birth outcomes. 3) Identify and apply appropriate evidenced-based practice standards and interventions for the target population. 4) Implement a Family Planning Medicaid Waiver.

**Denominator:**

Total number of benchmarks (4)

**Units:** 4 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

9-1

Increase the proportion of pregnancies that are intended to 70%

**DATA SOURCES AND DATA ISSUES**

PRAMS and Ohio Vital Statistics fetal death and abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy. Populations at risk for poor birth outcomes identified through Ohio Vital Statistics and PRAMS data.

**SIGNIFICANCE**

Poor birth outcomes are more common among black women, those with less than 12 years of education, unmarried women and those under age 20. Unintended pregnancy is also more common among these women. While unintended pregnancy by itself does not help us predict which babies are more likely to have poor birth outcomes, unintended pregnancy is associated with many risk factors for poor outcomes in families, both at birth and beyond. Unintended pregnancy is correlated with late or inadequate prenatal care, poor maternal nutrition, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse.

SP # 2

**PERFORMANCE MEASURE:**

Percent of low birth weight black births among all live black births.

**STATUS:**

Active

**GOAL**

To reduce the percent of LBW black births among all live black births.

**DEFINITION**

Percent of LBW live births among live black births.

**Numerator:**

Number of LBW black live births

**Denominator:**

Number of black Live Births

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-10

Low Birth Weight and Very Low Birth Weight

**DATA SOURCES AND DATA ISSUES**

Vital Statistics

**SIGNIFICANCE**

Black women in Ohio are more likely than white women to deliver a LBW infant (7.3% vs. 13.9% in 2002). Eliminating racial disparities in infant mortality will require a focus on reducing LBW and VLBW through the implementation of strategies aimed at improving the quality of prenatal care, identifying underlying medical conditions, and understanding the role social supports and environmental factors, such as stress, contribute to poor birth outcomes. While Ohio has a safety net system of health care for uninsured/underinsured and Medicaid consumers, significant barriers to pregnant women and children accessing those services remain. The OIMRI Program addresses the barriers (e.g., financial, geographic, cultural) that women and children experience and improves their access to and utilization of health care.



**PERFORMANCE MEASURE:**

Increase the capacity of the State to assess social/emotional health needs of MCH populations and to promote early identification, prevention and intervention services.

**STATUS:**

Active

**GOAL**

To ensure the social/emotional health needs of MCH populations are met.

**DEFINITION**

The percent of performance measure benchmarks Ohio has reached towards increasing the capacity of the State to assess social/emotional health needs of MCH populations and to promote early identification, prevention and intervention services

**Numerator:**

The number of performance measure benchmarks Ohio has reached towards increasing the capacity of the State to assess social/emotional health needs of MCH populations and to promote early identification, prevention and intervention services. Benchmarks: 1.Assess the social/emotional health needs of MCH populations. 2.Develop mechanisms to promote early identification of social/emotional health needs of MCH populations. 3.Develop prevention services for MCH populations at risk. 4.Increase providers in intervention service network.

**Denominator:**

Total number of benchmarks (4)

**Units:** 4 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

18-6 (Developmental)

Increase the number of persons seen in primary health care who receive mental health screening and assessment.

**DATA SOURCES AND DATA ISSUES**

While this is a capacity measure, there will be two major data-related focus areas: 1.Currently there is a lack of Ohio-specific data regarding the level of need for mental health services and social/emotional health services for MCH populations. Therefore, work on this performance measure will require increasing MCH's assessment capacity to identify the level of need. 2. Data exist in other state agencies regarding the availability and usage of publicly funded mental health services. MCH's activities will include development of a plan to collect and analyze secondary data which may include Ohio Department of Job and Family Services Medicaid data and Ohio Department of Mental Health data.

**SIGNIFICANCE**

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups. In the United States approximately 40 million people aged 18 to 64 years, or 22 percent of the population, had a diagnosis of mental disorder alone (19 percent) or of a co-occurring mental and addictive disorder in the past year. At least one in five children and adolescents between age 9 and 17 years has a diagnosable mental disorder in a given year. Mental and behavioral disorders and serious emotional disturbances in children and adolescents can lead to school failure, alcohol or illicit drug use, violence, or suicide. About 5 percent of children and adolescents are extremely impaired by mental, behavioral, and emotional disorders.

**PERFORMANCE MEASURE:**

Degree to which Division of Family and Community Health Services programs can incorporate and evaluate culturally appropriate activities and interventions

**STATUS:**

Active

**GOAL**

To eliminate health disparities among different racial/ethnic/cultural subgroups of populations served through the Division of Family and Community Health Services.

**DEFINITION**

The percent of performance measure benchmarks Division of Family and Community Health Services programs have reached towards incorporating culturally appropriate activities and interventions.

**Numerator:**

The number of performance measure benchmarks Division of Family and Community Health Services programs have reached towards incorporating culturally appropriate activities and interventions. Benchmarks: 1)Programs describe the racial, ethnic, and cultural makeup of MCH populations served and underserved. 2)Programs describe culturally appropriate activities they are undertaking to address racial, ethnic, and cultural disparities. 3)Assess existing tools used for cultural competence. 4.Assess existing and needed partnerships. 5)Programs identify best/promising practices and work with agencies to assist them to incorporate culturally appropriate activities and interventions

**Denominator:**

Total number of benchmarks (5)

**Units:** 5 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

Goal 2

Eliminate Health Disparities The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

**DATA SOURCES AND DATA ISSUES**

Data from all Division of Family and Community Health Services programs

**SIGNIFICANCE**

This measure relates directly to the State priority on incorporating racial/ethnic/cultural health equity in all activities. Eliminating health disparities between different racial/ethnic/cultural subgroups is a national priority. Disparities are evident and persistent in all subpopulations served through Division of Family and Community Health Services programs, from the preconceptional period on. The elimination of health disparities for all people requires changing the way health care is delivered. A fundamental change from a provider-oriented to a patient-oriented system of care is necessary. Such a change will focus on preventive health care needs. To work effectively, health care providers need to understand the differences in how various populations perceive health and illness and treatment services. These factors affect whether people seek health care, how they describe their symptoms, the duration of care, and the outcomes of the care received.

SP # 5

**PERFORMANCE MEASURE:**

Percent of 3rd graders who are overweight

**STATUS:**

Active

**GOAL**

To reduce the percentage of children who are overweight or at risk for overweight.

**DEFINITION**

Percentage of third graders in public schools in Ohio who are overweight or at risk for overweight. (Overweight: BMI  $\geq$  95th percentile for age and gender as defined by the CDC's BMI-for-age charts; and risk for overweight: BMI  $\geq$  85th percentile to 95th percentile (based on weighted sample data).

**Numerator:**

Number of third graders in public schools in Ohio who are overweight or at risk for overweight. (Overweight: BMI  $\geq$  95th percentile for age and gender as defined by the CDC's BMI-for-age charts; and risk for overweight: BMI  $\geq$  85th percentile to 95th percentile (based on weighted sample data).

**Denominator:**

Total number of third graders in public schools in Ohio

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3c

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

**DATA SOURCES AND DATA ISSUES**

The Bureau of Oral Health Services conducts periodic statewide open-mouth examination surveys. The Bureau of Community Health Services and Systems Development has partnered in this effort to include height and weight measurements. A cadre of sentinel schools is then selected for annual screenings to serve as an indicator of oral health status. A county-level stratified cluster sample survey of third grade children in 370 Ohio public schools were selected using probability proportional-to-size methodology. The county-level data were aggregated for state estimates. Third graders will be weighed and measured periodically, similar to the oral health survey. Following one large statewide survey of 3rd graders which will establish a baseline, each year a cadre of sentinel schools will be selected for annual screenings to serve as an indicator of weight status.

**SIGNIFICANCE**

This performance measure is directly related to the "nutrition and physical activity" priority need. Maintenance of healthy weight is a major goal to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. Patterns of healthful eating behavior need to begin in childhood and be maintained throughout adulthood. There is much concern about the increasing prevalence of overweight in children and adolescents. Childhood overweight is associated with adverse medical and psycho-social consequences including type 2 diabetes. Overweight acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life. Furthermore children from economically deprived circumstances are more likely to become overweight. As a result, the rising prevalence of overweight and chronic disease will place more burdens on the health care system, including increased costs of medical care. The prevalence of overweight in children and adolescents may be increasing in Ohio, but definitive data are lacking. Ohio currently has no population-based data on childhood overweight except for the self reports of Ohio's teens from the Ohio Youth Risk Behavior Survey. There is a commitment to establishing a baseline to assess the extent of childhood overweight in Ohio so that a strategic plan can be developed to reduce its prevalence.

**PERFORMANCE MEASURE:**

Assess the contribution of safety net providers in meeting the need for primary care, mental health, and dental services

**STATUS:**

Active

**GOAL**

To assure a system of care for the MCH population (mothers and infants; children; and children with special health care needs) who otherwise lack access to care.

**DEFINITION**

The percent of performance measure benchmarks Ohio has reached towards increasing the capacity of the State to assess the extent to which primary care is available to the MCH population; an analysis of gaps; and the development of a plan to identify and promote strategies to meet identified need. Benchmarks: 1. Method is developed to measure access to care. 2. Uniform data system is developed to measure services provided by safety net providers. 3. Periodic updates are provided describing the contributions of safety net providers in meeting unmet needs for primary care, dental and mental health services.

**Numerator:**

The number of performance measure benchmarks Ohio has reached towards increasing the capacity of the State to assess the extent to which primary care is available to the MCH population; an analysis of gaps; and the development of a plan to identify and promote strategies to meet identified need. Benchmarks: 1. Method is developed to measure access to care. 2) Uniform data system is developed to measure services provided by safety net providers. 3) Periodic updates are provided describing the contributions of safety net providers in meeting unmet needs for primary care, dental and mental health services.

**Denominator:**

Total number of benchmarks (3)

**Units:** 3 **Text:** Scale**HEALTHY PEOPLE 2010 OBJECTIVE**

1-4

Increase the proportion of persons who have a specific source of ongoing care

**DATA SOURCES AND DATA ISSUES**

Ohio Family Health Survey Medicaid Enrollment and Utilization Data DFCHS, BCHSSD Statewide Analysis of Unmet Need,

**SIGNIFICANCE**

Improving primary care across the Nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations. Financial, structural, and personal barriers can limit access to health care. Financial barriers include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program. Structural barriers include the lack of primary care providers, medical specialists, or other health care professionals to meet special needs or the lack of health care facilities. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to

SP # 7

**PERFORMANCE MEASURE:**

Percentage of 3rd grade children with untreated caries

**STATUS:**

Active

**GOAL**

To prevent or alleviate suffering due to dental pain or infection by assuring prevention and early intervention in the dental disease process.

**DEFINITION**

Percent of third grade children in public schools who have untreated caries (based on weighted sample data)

**Numerator:**

Number of third grade children in public schools who have untreated caries (based on weighted sample data) How many accomplished

**Denominator:**

Number of third grade children in public schools Number of steps

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-1b

Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%.

**DATA SOURCES AND DATA ISSUES**

The Bureau of Oral Health Services conducts periodic statewide open-mouth examination surveys. A cadre of sentinel schools is then selected for annual screenings to serve as an indicator of oral health status. A county-level stratified cluster sample survey of third grade children in 370 Ohio public schools were selected using probability proportional-to-size methodology. The county-level data were aggregated for state estimates.

**SIGNIFICANCE**

Dental disease is common and amenable to early intervention. High risk children can be targeted for extensive preventive strategies. Early dental disease can be reversed and more advanced disease can be treated before it results in pain, infection and the need for more expensive approaches. This measure indicates the extent to which children are receiving dental care.

SP # 8

**PERFORMANCE MEASURE:**

Implement Ohio Connections for Children with Special Needs (OCCSN) Birth Defects Registry System

**STATUS:**

Active

**GOAL**

To reduce the risk of birth defects in Ohio through a combined program of prevention, surveillance and referral to services.

**DEFINITION**

The percentage of performance benchmarks Ohio has reached toward implementing the OCCSN Program. Benchmarks: 1. Implement a birth defects data collection and referral to services pilot project. 2. Build a birth defects data system (infrastructure) that meets program needs for surveillance, case reporting, data sharing/integration. 3. Implement a state plan of action for birth defects prevention activities. 4. Expand to a statewide birth defects system.

**Numerator:**

Number of benchmarks Ohio has reached toward implementing the OCCSN Program.

**Denominator:**

Total number of benchmarks (4)

**Units:** 4 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 16-15

Reduce the occurrence of spina bifida and other neural tube defects (NTDs).

Related to 16-15

Reduce the occurrence of spina bifida and other neural tube defects (NTDs).

**DATA SOURCES AND DATA ISSUES**

Surveillance: vital statistics records; link with DFCHS program data and ODH laboratory data; Medicaid; Prevention; Ohio PRAMS data for folic acid knowledge and use of alcohol and tobacco; Referral to Services: OCCSN Program data, BCMH data, Help Me Grow data.

**SIGNIFICANCE**

Birth defects are the leading cause of infant mortality in the United States, accounting for more than 20% of all infant deaths. In addition, birth defects are the fifth-leading cause of years of potential life lost and contribute substantially to childhood morbidity and long-term disability. Developing the infrastructure for the collection of information on cases of birth defects will provide the mechanisms for prevention strategies; healthcare and human services referrals; public health education/social messages; and epidemiological and clinical research.

**PERFORMANCE MEASURE:**

Increase the proportion of children who receive age-and risk-appropriate screenings for lead, vision, and hearing.

**STATUS:**

Active

**GOAL**

To identify unrecognized health disorders in order to prevent or ameliorate consequent disability or handicap.

**DEFINITION**

The number of performance measure bench marks Ohio has reached towards increasing statewide capacity to increase the proportion of children who receive age-and risk-appropriate screenings for lead, vision and hearing. Benchmarks: 1. Define age of population to measure. 2. Define what constitutes a "screening" for age group defined. 3. Develop provider outreach strategies resulting from data analysis of primary care provider responses to screening survey. 4. Revise and implement PLANET to improve lead screening rates. DENOMINATOR: Total number of benchmarks (4) Units: 100 TEXT: Percent

**Numerator:**

Benchmarks 1-4: 1. Define age of population to measure. 2. Define what constitutes a "screening" for age group defined. 3. Develop provider outreach strategies resulting from data analysis of primary care provider responses to screening survey. 4. Revise and implement PLANET to improve lead screening rates.

**Denominator:**

DENOMINATOR: Total number of benchmarks (4).

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 8-11

Eliminate elevated blood lead levels in children.

Related to 28-2 and Related to 28-17

(Developmental) Increase the proportion of preschool children aged 5 years and under who receive vision screening.

(Developmental) Reduce noise-induced hearing loss in children and adolescents aged 17 years and under.

**DATA SOURCES AND DATA ISSUES**

Source for lead data is the Ohio Childhood Lead Poisoning Prevention STELLAR Database. Source for vision screening data is to be determined as a first year strategy of this measure. While data sources are available, Ohio will streamline the data collection process by evaluating options and determining the best data sources, and measures, for achieving success. Source for hearing screening data is to be determined as a first year strategy of this measure. While data sources are available, Ohio will streamline the data collection process by evaluating options and determining the best data sources, and measures, for achieving success.

**SIGNIFICANCE**

Lead poisoning is one of the most common and preventable childhood environmental health problems in the U.S. Low-income children, especially those living in the inner city, are at an increased risk for lead poisoning. Ages one and two years are the recommended targeted times for testing at-risk children for lead exposure, but testing rates are lower than expected. Vision disorders are the fourth most common disability in the United States. One in four school aged children has vision problems. The two primary pathways for learning are vision and hearing. Only an estimated 14 percent of children receive comprehensive vision examinations before entering school and almost half of all children under the age of 12 have never been seen by an eye care professional. Hearing loss affects language, speech, cognitive development and educational progress as well as self-image and social/emotional development. Even mild hearing loss has substantial detrimental consequences. Periodic screening is essential to identify hearing loss.

SP # 10

**PERFORMANCE MEASURE:**

Integrate ODH Maternal and Child Health Information Systems

**STATUS:**

Active

**GOAL**

To reduce duplication in data collection; to enhance data sharing; to improve the quality of data by using common standards; to provide timely information to stakeholders

**DEFINITION**

The percent of performance measure benchmarks Ohio has reached toward implementing an integrated MCH information system.

**Numerator:**

Numerator: The number of performance measure benchmarks Ohio has reached toward implementing an integrated MCH information system Benchmarks: 1.Assess data integration needs 2.Identify barriers to data integration and propose recommendations to overcome them 3.Develop an implementation plan 4.Secure funding 5.Pilot test the implementation plan 6.Implement the plan

**Denominator:**

Denominator: Total number of benchmarks (6)

**Units:** 6 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

Not Applicable

**DATA SOURCES AND DATA ISSUES**

Not Applicable

Vital Statistics, Newborn Screening, Early Intervention, Newborn Hearing Screening, Birth Defects, Immunization, Lead, Help Me Grow, and a number of other state-level MCH program databases

**SIGNIFICANCE**

An integrated information system will result in better health for children by improving the coordination of services for children, eliminating multiple reporting and better assessment of existing programs.



SO # 1

**OUTCOME MEASURE:**

The adolescent death rate per 100,000 adolescents aged 15-19 years.

**STATUS:**

Active

**GOAL**

To reduce the death rate of adolescents aged 15-19

**DEFINITION**

aged 15 - 19

**Numerator:**

Number of deaths among adolescents aged 15-19

**Denominator:**

Number of adolescents aged 15-19

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-3

Reduce deaths of adolescents and young adults.

**DATA SOURCES AND DATA ISSUES**

Vital Statistics

**SIGNIFICANCE**

There were 14,663 deaths in 1996 among adolescents aged 15-19 years, for a death rate of 78.6 per 100,000. The leading cause of death for adolescents in this age group was motor vehicle crashes at 28.55 deaths per 100,000, or 36.3 percent of total deaths. Other unintentional injuries (such as falls, drownings, and poisonings) caused 7.64 deaths per 100,000 (9.7 percent); homicides caused 15.66 deaths per 100,000 (19.9 percent); suicides caused 9.73 deaths per 100,000 (12.4 percent); and AIDS caused 0.26 deaths per 100,000 (0.3 percent). Consequently, a majority (78 percent) of the total mortality in this age group can be attributed to unnecessary (that is, preventable) causes. The remaining 22 percent of deaths among adolescents aged 15 to 19 years resulted mostly from malignant neoplasms which caused 3.67 deaths per 100,000 (4.7 percent); diseases of the heart caused 2.18 deaths per 100,000 (2.8 percent); birth defects caused 1.02 deaths per 100,000 (1.3 percent); and a combination of other causes caused 8.42 deaths per 100,000 (10.7 percent).

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: OH**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	32.7	33.2	41.7	36.0	36.0
<b>Numerator</b>	2,392	2,428	2,456	2,117	2,117
<b>Denominator</b>	731,891	731,672	588,394	588,368	588,368

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used to estimate 2008 data

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial database, 2007. Numerator: the number of hospital discharges for Ohio residents ages 1 through 4 years for 2007.

Denominator: 2007 U.S. Census population of Ohio children ages 1 through 4 years. Bridged-race Vintage 2005 postcensal population estimates for July 1, 2000 - July 1, 2007, by county, single-year of age, Hispanic origin, and sex

3. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial database, 2006. Numerator: the number of hospital discharges for Ohio residents ages 1 through 4 years for 2006.

Denominator: 2006 U.S. Census population of Ohio children ages 1 through 4 years. Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000 - July 1, 2006, by county, single-year of age, Hispanic origin, and sex.

NOTE: That only children ages 1 through 4 years were included, unlike prior years that included infants as well.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>88.2</u>	<u>80.4</u>	<u>81.5</u>	<u>80.5</u>	<u>78.0</u>
<b>Numerator</b>	<u>62,621</u>	<u>58,184</u>	<u>61,112</u>	<u>61,815</u>	<u>62,942</u>
<b>Denominator</b>	<u>70,997</u>	<u>72,334</u>	<u>74,970</u>	<u>76,800</u>	<u>80,720</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid - Title XIX). Data reflects SFY 2008 Medicaid enrollment and services.  
 Denominator: The number of Medicaid enrollees whose age is less than one year.

An infant could have been enrolled in both Medicaid (Title XIX) and SCHIP (Title XX) during the year and would be counted in both Measure 02 and Measure 03.

Report produced by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid - Title XIX). Data reflects SFY 2007 Medicaid enrollment and services.  
 Denominator: The number of Medicaid enrollees whose age is less than one year.

Report produced by the Ohio Department of Health, Division of Family and Community Health Services.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2006 Medicaid enrollment and services. A consumer could have been enrolled in both Medicaid and SCHIP during the year and would be counted in both HSCI 02 and HSCI 03.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>71.2</u>	<u>64.8</u>	<u>67.0</u>	<u>64.6</u>	<u>55.5</u>
<b>Numerator</b>	<u>2,919</u>	<u>2,696</u>	<u>2,902</u>	<u>2,676</u>	<u>4,931</u>
<b>Denominator</b>	<u>4,097</u>	<u>4,162</u>	<u>4,332</u>	<u>4,143</u>	<u>8,888</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2008 SCHIP enrollment and services. A recipient could have been enrolled in both Medicaid and SCHIP during the year and would be counted in both Measure 02 and Measure 03.

Report produced by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2007 SCHIP enrollment and services. Denominator: The number of SCHIP enrollees whose age is less than one year.

Report produced by the Ohio Department of Health, Division of Family and Community Health Services.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2006 Medicaid enrollment and services. A consumer could have been enrolled in both Medicaid and SCHIP during the year and would be counted in both HSCI 02 and HSCI 03.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>86.0</u>	<u>85.9</u>	<u>71.5</u>	<u>69.5</u>	<u>69.5</u>
<b>Numerator</b>	<u>113,916</u>	<u>111,886</u>	<u>76,985</u>	<u>78,394</u>	<u>78,394</u>
<b>Denominator</b>	<u>132,507</u>	<u>130,193</u>	<u>107,631</u>	<u>112,792</u>	<u>112,792</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2007 data are not available. 2008 data are used as estimates for 2008

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Ohio Vital Statistics, 2007 final resident birth data, prenatal visits not missing.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Ohio Vital Statistics, 2006 final resident birth data, prenatal visits not missing. Calculated using obstetrical estimate of gestational age. NOTE: The switch to the NCHS 2003 birth certificate resulted in many missing values for entry into prenatal care. Substantive changes in both question wording and the sources for this information have resulted in data that are not comparable between revisions.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>86.5</u>	<u>86.6</u>	<u>84.7</u>	<u>83.2</u>	<u>82.8</u>
<b>Numerator</b>	<u>1,002,023</u>	<u>1,038,301</u>	<u>988,028</u>	<u>859,076</u>	<u>867,727</u>
<b>Denominator</b>	<u>1,158,606</u>	<u>1,198,969</u>	<u>1,166,365</u>	<u>1,031,971</u>	<u>1,047,368</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid - Title XIX). Data reflects SFY 2008 Medicaid enrollment and services. Does include SCHIP participants. Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid (Title XIX) during SFY 2008. Does not represent the number of children potentially eligible, but who are not enrolled in Medicaid. Does include SCHIP enrollees.

Calculations done at Ohio Department of Health, Center for Public Health Statistics and Informatics.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid - Title XIX). Data reflects SFY 2007 Medicaid enrollment and services. Does not include SCHIP participants (198,921) Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid (Title XIX) during SFY 2007. Does not represent the number of children potentially eligible, but who are not enrolled in Medicaid. Does not include SCHIP enrollees (208,067).

Calculations done at Ohio Department of Health, Division of Family and Community Health Services.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2006 Medicaid enrollment and services. Denominator: The number of children age 1 to 21 years of age who were enrolled in Medicaid during SFY 2006. Does not represent the number of children potentially eligible, but who are not enrolled in Medicaid.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>38.7</u>	<u>48.1</u>	<u>47.3</u>	<u>45.4</u>	<u>47.7</u>
<b>Numerator</b>	<u>103,372</u>	<u>110,765</u>	<u>114,182</u>	<u>101,048</u>	<u>117,878</u>
<b>Denominator</b>	<u>267,001</u>	<u>230,292</u>	<u>241,412</u>	<u>222,725</u>	<u>247,133</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2008 dates of service. The data include Medicaid (Title XIX) and SCHIP (Title XXI) recipients who were between 6 through 9 at any time during SFY 2008. A recipient who participated in both programs during SFY 2009 would be counted in both.

Report produced by the Ohio Department of Health, Center for Public Health Statistics and Informatics.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2007 dates of service. The data only includes Medicaid (Title XIX) recipients who were between 6 through 9 for the entire SFY 2007.

Report produced by the Ohio Department of Health, Division of Family and Community Health Services.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflects SFY 2006 dates of service.



**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>39.4</u>	<u>39.4</u>	<u>31.6</u>	<u>43.9</u>	<u>40.9</u>
<b>Numerator</b>	<u>8,919</u>	<u>8,919</u>	<u>9,197</u>	<u>16,218</u>	<u>561</u>
<b>Denominator</b>	<u>22,648</u>	<u>22,648</u>	<u>29,096</u>	<u>36,942</u>	<u>1,373</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This is provisional data, as BCMH is unable to complete the data match with the local SSI data repository located at the Ohio Department of Job and Family Services. The individual who regularly performs data matches has been re-assigned to work on the implementation of the new state electronic accounting system and is unavailable.

The estimate was derived using the average of the last 4 years of data available to ODH/BCMh.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: OH**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>10.9</u>	<u>7.5</u>	<u>8.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Matching data files	<u>9.5</u>	<u>7.4</u>	<u>8.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>58.9</u>	<u>76.7</u>	<u>70.7</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>62</u>	<u>73.1</u>	<u>69.5</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: OH**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>200</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: OH**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>200</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
6. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid).
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Health, Vital Statistics Resident Birth Files, 2007 final data. This is the second year payment data has been available from birth files.
8. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data presented are adjusted infant mortality rates for CY 2005, the most recent year for which matched infant birth/death/Medicaid records are available. Adjusted rates assign any unmatched infant death certificates to Medicaid and non-Medicaid deaths on the basis of each group's proportion of matched live births.
9. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Health, Vital Statistics Resident Birth Files, 2007 final data.
10. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Department of Health, Vital Statistics Resident Birth Files, 2007 final data.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: OH**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: OH**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Risk Tobacco Survey		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
WIC and birth certificate records are now linked on an annual basis.
2. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth certificates and newborn screening files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
ODH does not currently link birth certificates and newborn screening files. ODH has implemented the Integrated Public Health Information System (IPHIS). Phase One involved the collection of Vital Statistics data. This integrated system is expediting the extraction of needed Vital Statistics data and it is also beginning to be used for the collection of other data. Discussions about collecting newborn screening data on the birth certificate are being resumed as of May, 2009.
3. **Section Number:** Form19\_Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The MCH program has access to subsets of the Ohio Hospital Association database per a Memorandum of Understanding between the Ohio Department of Health and the Ohio Hospital Association.
4. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The development of Ohio's Birth Defects Surveillance System is in progress. Pilot data collection from several hospitals was completed in 2007. Data collection was expanded statewide in July 2007. Some limited data analysis is possible now.
5. **Section Number:** Form19\_Indicator 09B  
**Field Name:** Other1\_09B  
**Row Name:** Other  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The data for the Youth Tobacco Survey are available to the Title V Program from the Ohio Department of Health, Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction, where the survey is administered
6. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The linkage is done at the state Medicaid office in the Ohio Department of Job and Family Services, Ohio Health Plans. The linked files are not always available in a timely manner.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: OH**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	8.5	8.7	8.8	8.8	8.8
Numerator	12,628	12,870	13,222	13,200	13,200
Denominator	148,770	148,116	150,510	150,600	150,600

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available; 2007 data used as estimate for 2008

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics Resident Birth data, birthweight not missing.

3. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics Resident Birth data, birthweight not missing.



**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>6.6</u>	<u>6.8</u>	<u>6.9</u>	<u>7.0</u>	<u>7.0</u>
<b>Numerator</b>	<u>9,478</u>	<u>9,727</u>	<u>10,030</u>	<u>10,100</u>	<u>10,100</u>
<b>Denominator</b>	<u>143,366</u>	<u>142,735</u>	<u>145,152</u>	<u>145,307</u>	<u>145,307</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available; 2007 data are used as estimates for 2008.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics Resident Birth data, birthweight not missing.

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics Resident Birth Data, birthweight not missing.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.6</u>	<u>1.6</u>	<u>1.7</u>	<u>1.7</u>
<b>Numerator</b>	<u>2,313</u>	<u>2,385</u>	<u>2,437</u>	<u>2,550</u>	<u>2,550</u>
<b>Denominator</b>	<u>148,770</u>	<u>148,116</u>	<u>150,510</u>	<u>150,600</u>	<u>150,600</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available; 2007 data used as estimate for 2008

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics Resident Birth data, birthweight not missing.

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics Birth Records, birthweight not missing..

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.3</u>	<u>1.3</u>
<b>Numerator</b>	<u>1,714</u>	<u>1,737</u>	<u>1,808</u>	<u>1,918</u>	<u>1,918</u>
<b>Denominator</b>	<u>143,366</u>	<u>142,735</u>	<u>145,152</u>	<u>145,307</u>	<u>145,307</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available; 2007 data used as estimate for 2008

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Final 2007 Ohio Vital Statistics Resident Birth data, birthweight not missing

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Final 2006 Ohio Vital Statistics Resident Birth Data, birthweight not missing.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>8.7</u>	<u>9.1</u>	<u>8.5</u>	<u>4.8</u>	<u>4.8</u>
<b>Numerator</b>	<u>199</u>	<u>206</u>	<u>193</u>	<u>102</u>	<u>102</u>
<b>Denominator</b>	<u>2,293,008</u>	<u>2,264,102</u>	<u>2,269,306</u>	<u>2,104,949</u>	<u>2,104,949</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available; 2007 data used as estimate for 2008

**2. Section Number:** Form20\_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: Numerator - 2007 Vital Statistics death data.

Denominator - Bridged-race Vintage 2007 postcensal population estimates for 2007

**3. Section Number:** Form20\_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: Numerator - 2006 Vital Statistics death data.

Denominator - Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000 - July 1, 2006, by county, single-year of age, Hispanic origin, and sex.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>2.9</u>	<u>2.6</u>	<u>2.6</u>	<u>1.6</u>	<u>1.6</u>
<b>Numerator</b>	<u>66</u>	<u>59</u>	<u>55</u>	<u>33</u>	<u>33</u>
<b>Denominator</b>	<u>2,293,008</u>	<u>2,264,102</u>	<u>2,127,965</u>	<u>2,104,949</u>	<u>2,104,949</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available; 2007 data used as estimate for 2008

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Numerator - 2007 Vital Statistics death data.

Denominator - Bridged-race Vintage 2007 postcensal population estimates for 2007

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death files

Denominator: U.S. Census/NCHS Bridged Race, Vintage 2006 Ohio population estimates for 2006.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>23.6</u>	<u>19.0</u>	<u>18.7</u>	<u>19.8</u>	<u>19.8</u>
<b>Numerator</b>	<u>381</u>	<u>306</u>	<u>299</u>	<u>312</u>	<u>312</u>
<b>Denominator</b>	<u>1,614,628</u>	<u>1,614,620</u>	<u>1,597,458</u>	<u>1,573,926</u>	<u>1,573,926</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used as estimates for 2008

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2007 final death files

Demominator: U.S. Census/NCHS Bridged Race, Vintage 2007 Ohio population estimates for 2007.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source:

Numerator: Ohio Vital Statistics 2006 final death files

Demominator: U.S. Census/NCHS Bridged Race, Vintage 2006 Ohio population estimates for 2006.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>140.0</u>	<u>177.8</u>	<u>178.4</u>	<u>184.5</u>	<u>184.5</u>
<b>Numerator</b>	<u>3,211</u>	<u>4,026</u>	<u>3,787</u>	<u>3,883</u>	<u>3,883</u>
<b>Denominator</b>	<u>2,293,008</u>	<u>2,264,102</u>	<u>2,122,965</u>	<u>2,104,949</u>	<u>2,104,949</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used as estimates for 2008.

2. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

.Data source: Numerator - Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2007 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2007 postcensal population estimates for July 1, 2000-July 1, 2007, by county, single-year of age, Hispanic Origin, and sex.

NOTE: Denominator this year is children 1-14 years; does not include infants. Infants were included in past years.

3. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data source: Numerator - Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2006 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000-July 1, 2006, by county, single-year of age, Hispanic Origin, and sex.

NOTE: Denominator this year is children 1-14 years; does not include infants. Infants were included in past years.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	19.6	24.8	28.1	26.1	26.1
<b>Numerator</b>	449	562	597	549	549
<b>Denominator</b>	2,293,008	2,264,102	2,122,965	2,104,949	2,104,949

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used as estimates for 2008.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

.Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2007 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000-July 1, 2007, by county, single-year of age, Hispanic Origin, and sex.

NOTE: Denominator this year is children 1-14 years; does not include infants. Infants were included in past years.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

.Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2006 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000-July 1, 2006, by county, single-year of age, Hispanic Origin, and sex.

NOTE: Denominator this year is children 1-14 years; does not include infants. Infants were included in past years.



**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>127.2</u>	<u>120.6</u>	<u>115.6</u>	<u>108.6</u>	<u>108.6</u>
<b>Numerator</b>	<u>2,054</u>	<u>1,948</u>	<u>1,846</u>	<u>1,710</u>	<u>1,710</u>
<b>Denominator</b>	<u>1,614,628</u>	<u>1,614,620</u>	<u>1,597,458</u>	<u>1,573,926</u>	<u>1,573,926</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. 2007 data are used as estimates for 2008

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2007 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2007 postcensal population estimates for July 1, 2000-July 1, 2007, by county, single-year of age, Hispanic Origin, and sex.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data source: Ohio Hospital Association (OHA) Statewide Clinical and Financial Database/Decide System. All discharges in 2006 with specified codes in the primary diagnosis field. All discharges with the specified codes in any of the secondary diagnosis field. This number may be underreported, i.e., not all hospitals submit E codes.

Denominator: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000-July 1, 2006, by county, single-year of age, Hispanic Origin, and sex.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>31.8</u>	<u>34.9</u>	<u>32.6</u>	<u>36.9</u>	<u>36.9</u>
<b>Numerator</b>	<u>12,614</u>	<u>13,760</u>	<u>12,937</u>	<u>14,654</u>	<u>14,654</u>
<b>Denominator</b>	<u>396,927</u>	<u>394,433</u>	<u>396,845</u>	<u>397,127</u>	<u>397,127</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data not available; 2007 data used for 2008 estimates

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Numerator - 2007 Ohio Department of Health Data Warehouse (data submitted by ODH Division of Prevention, State STD Surveillance Program)

Denominator: 2006 Census.

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Numerator - 2006 Ohio Department of Health Data Warehouse (data submitted by ODH Division of Prevention, State STD Surveillance Program)

Denominator: 2006 Census: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000 - July 1, 2006, by county, single-year of age, Hispanic origin, and sex.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>8.2</u>	<u>8.9</u>	<u>9.0</u>	<u>9.8</u>	<u>9.8</u>
<b>Numerator</b>	<u>16,218</u>	<u>17,380</u>	<u>17,395</u>	<u>18,950</u>	<u>18,950</u>
<b>Denominator</b>	<u>1,975,811</u>	<u>1,955,691</u>	<u>1,931,954</u>	<u>1,933,670</u>	<u>1,933,670</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data not available; 2007 data used for 2008 estimates

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Numerator - 2007 Ohio Department of Health Data Warehouse (data submitted by ODH Division of Prevention, State STD Surveillance Program)

Denominator: 2006 Census.

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Numerator - 2006 Ohio Department of Health Data Warehouse (data submitted by ODH Division of Prevention, State STD Surveillance Program)

Denominator: 2006 Census: Bridged-race Vintage 2006 postcensal population estimates for July 1, 2000 - July 1, 2006, by county, single-year of age, Hispanic origin, and sex.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: OH**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	148,048	117,911	22,592	360	2,862	54	4,269	0
Children 1 through 4	588,368	468,466	89,551	1,080	10,915	299	18,057	0
Children 5 through 9	744,090	598,322	109,439	1,718	12,306	314	21,991	0
Children 10 through 14	772,491	623,757	116,136	1,795	11,212	287	19,304	0
Children 15 through 19	811,659	662,846	121,795	2,130	9,586	315	14,987	0
Children 20 through 24	762,267	631,740	103,707	2,202	13,392	359	10,867	0
Children 0 through 24	3,826,923	3,103,042	563,220	9,285	60,273	1,628	89,475	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	141,601	6,447	0
Children 1 through 4	563,114	25,254	0
Children 5 through 9	715,470	28,620	0
Children 10 through 14	746,288	26,203	0
Children 15 through 19	787,949	23,710	0
Children 20 through 24	739,436	22,831	0
Children 0 through 24	3,693,858	133,065	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	225	87	112	0	1	1	6	18
Women 15 through 17	4,798	2,732	1,574	5	10	0	167	310
Women 18 through 19	11,553	7,592	3,041	13	31	4	340	532
Women 20 through 34	115,893	89,806	16,993	112	2,493	72	1,705	4,712
Women 35 or older	18,315	14,944	1,916	28	628	7	196	596
Women of all ages	150,784	115,161	23,636	158	3,163	84	2,414	6,168

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	205	17	3
Women 15 through 17	4,394	353	51
Women 18 through 19	10,783	655	115
Women 20 through 34	110,063	4,986	844
Women 35 or older	17,597	577	141
Women of all ages	143,042	6,588	1,154

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,163	730	366	0	10	0	22	35
Children 1 through 4	185	125	45	0	2	0	5	8
Children 5 through 9	93	73	13	0	0	0	1	6
Children 10 through 14	97	71	23	0	1	0	0	2
Children 15 through 19	463	345	101	0	2	1	2	12
Children 20 through 24	719	544	157	0	6	0	1	11
Children 0 through 24	2,720	1,888	705	0	21	1	31	74

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,106	56	1
Children 1 through 4	175	10	0
Children 5 through 9	91	2	0
Children 10 through 14	96	1	0
Children 15 through 19	447	15	1
Children 20 through 24	697	22	0
Children 0 through 24	2,612	106	2

**FORM 21**  
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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	3,064,656	2,471,302	459,513	7,083	46,881	1,269	78,608	0	2008
Percent in household headed by single parent	33.0	21.0	57.0	29.0	16.0	60.0	41.0	0.0	2007
Percent in TANF (Grant) families	100.0	50.8	47.3	0.1	0.3	0.0	1.2	0.2	2007
Number enrolled in Medicaid	1,112,761	722,339	366,346	23	9,122	236	12,962	1,733	2008
Number enrolled in SCHIP	269,497	191,258	72,265	7	2,841	60	2,896	170	2008
Number living in foster home care	26,650	14,661	10,525	55	49	15	16	1,329	2008
Number enrolled in food stamp program	792,597	481,340	297,811	1,020	3,102	158	5,001	4,165	2007
Number enrolled in WIC	205,375	134,904	65,928	1,185	3,329	0	0	29	2008
Rate (per 100,000) of juvenile crime arrests	3,270.2	1,921.3	11,118.6	16,360.1	2,181.1	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	6.6	10.4	35.5	30.4	7.3	0.0	21.6	0.0	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	2,954,422	110,234	0	2008
Percent in household headed by single parent	91.0	9.0	0.0	2007
Percent in TANF (Grant) families	96.0	4.0	0.0	2007
Number enrolled in Medicaid	1,066,162	43,469	0	2008
Number enrolled in SCHIP	258,009	11,188	0	2008
Number living in foster home care	24,554	751	1,345	2008
Number enrolled in food stamp program	0	0	792,597	2007
Number enrolled in WIC	205,375	18,290	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	64.9	35.1	0.0	2008

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,573,203
Living in urban areas	2,458,799
Living in rural areas	757,158
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>3,215,957</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	11,466,917.0
Percent Below: 50% of poverty	5.9
100% of poverty	17.2
200% of poverty	69.9

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	3,063,191.0
Percent Below: 50% of poverty	9.1
100% of poverty	20.4
200% of poverty	61.3



## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24

**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: US Census/Annual Population Estimates, Ohio population estimates for 2007.

13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

14. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

15. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

16. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

17. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

18. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

19. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

20. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

21. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

22. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics, resident births, 2007.

23. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007

24. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4

- Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
25. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
26. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
27. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
28. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
29. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
30. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
31. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
32. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
33. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
34. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: Ohio Vital Statistics Death File, 2007
35. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Source: U.S. Census Bureau, 2007 population estimates.
36. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent

**Column Name:**

Year: 2010

**Field Note:**Data Source: U.S. Census Bureau, 2007 American Community Survey. [www.kidscount.org](http://www.kidscount.org). Race figures are estimates.**37. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:**

Year: 2010

**Field Note:**

Ohio Department of Job and Family Services, Federal Reports/Data Development. 2007 data

**38. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:**

Year: 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflect 2008 Medicaid enrollment. A consumer could have been enrolled in both Medicaid (Title XIX) and SCHIP (Title XXI) during the year and would be counted in each program. Recipients whose racial identification changed during SFY 2008 would be counted in each racial group.

Data prepared by Ohio Department of Health, Center for Public Health Statistics and Informatics.

**39. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_SCHIPNo**Row Name:** Number enrolled in SCHIP**Column Name:**

Year: 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflect 2008 Medicaid enrollment. A consumer could have been enrolled in both Medicaid (Title XIX) and SCHIP (Title XXI) during the year and would be counted in each program. Recipients whose racial identification changed during SFY 2008 would be counted in each racial group.

Data prepared by Ohio Department of Health, Center for Public Health Statistics and Informatics.

**40. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_FoodStampNo**Row Name:** Number enrolled in food stamp program**Column Name:**

Year: 2010

**Field Note:**

Ohio Department of Job and Family Services, Federal Reports/Data Development. This is a total unduplicated count of participants for January-December 2007.

**41. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_WICNo**Row Name:** Number enrolled in WIC**Column Name:**

Year: 2010

**Field Note:**

Data Source: FFY2008 Ohio WIC Program Data.

**42. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:**

Year: 2010

**Field Note:**

Data Sources:

Numerator - 2006 Juvenile Arrests in Ohio by Crime Type, Ohio Department of Public Safety, Ohio Incident Based Reporting System, Ohio and U.S. Crime Statistics. [www.ojp.usdci.gov](http://www.ojp.usdci.gov)

Denominator: Data source: Census 2006 estimates.

Race data:

2006 Juvenile Arrests by Crime Type (part I and Part II) for all Youth Under the Age of 18 Years, Ohio. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention -Juvenile Justice Bulletin. December 2006. [www.ncjrs.gov/pdffiles1/ojjdp/221338.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/221338.pdf)

Race not available from state data; race was estimated using national percentages x Ohio totals.

<http://www.oibrs.ohio.gov>**43. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:**

Year: 2010

**Field Note:**

Data Source: Ohio Department of Education - 2007-2008 School Year

Asians are combined with Native Hawaiian and Other Pacific Islanders

**44. Section Number:** Form21\_Indicator 09B**Field Name:** HSIEthnicity\_Children**Row Name:** All children 0 through 19**Column Name:**

Year: 2010

**Field Note:**

Data Source: U.S. Census Bureau, 2007 population estimates.

**45. Section Number:** Form21\_Indicator 09B**Field Name:** HSIEthnicity\_SingleParentPercent**Row Name:** Percent in household headed by single parent**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: U.S. Census Bureau, 2007 American Community Survey. www.kidscount.org. Hispanic ethnicity figure is an estimate.

**46. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2010

**Field Note:**

Ohio Department of Job and Family Services,Federal Reports/Data Development. 2007 data

**47. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflect 2008 Medicaid enrollment. A consumer could have been enrolled in both Medicaid (Title XIX) and SCHIP (Title XXI) during the year and would be counted in each program. Recipients whose ethnic identification changed during SFY 2008 would be counted in each ethnic group.

Data prepared by Ohio Department of Health, Center for Public Health Statistics and Informatics.

**48. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Job and Family Services, Ohio Health Plans (Medicaid). Data reflect 2008 Medicaid enrollment. A consumer could have been enrolled in both Medicaid (Title XIX) and SCHIP (Title XXI) during the year and would be counted in each program. Recipients whose ethnic identification changed during SFY 2008 would be counted in each ethnic group.

Data prepared by Ohio Department of Health, Center for Public Health Statistics and Informatics.

**49. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2010

**Field Note:**

Ohio Department of Job and Family Services,Federal Reports/Data Development. This is a total unduplicated count of participants for January-December 2007. Ethnicity data was not collected during this time period.

**50. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: FFY2008 Ohio WIC Program Data.

**51. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2010

**Field Note:**

Hispanic data are not available.

**52. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: Ohio Department of Education - 2007-2008 School Year

Asians are combined with Native Hawaiian and Other Pacific Islanders

**53. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2000 Census of Population Summary File 1 (U.S. & Ohio).

Prepared by: Policy Research & Strategic Planning, Ohio Department of Development.

**54. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2000 Census of Population Summary File 1 (U.S. & Ohio).

Prepared by: Policy Research & Strategic Planning, Ohio Department of Development.

**55. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2000 Census of Population Summary File 1 (U.S. & Ohio).

Prepared by: Policy Research & Strategic Planning, Ohio Department of Development.

**56. Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2010

**Field Note:**

Ohio has no frontier areas.

**57. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_total

**Row Name:** Total Population

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**58. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**59. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**60. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**61. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**62. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.: the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**63. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_100percent

**Row Name:** 100% of poverty

**Column Name:****Year:** 2010**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.; the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**64. Section Number:** Form21\_Indicator 12**Field Name:** S12\_200percent**Row Name:** 200% of poverty**Column Name:****Year:** 2010**Field Note:**

Data Source: 2007 American Community Survey Public Use Microdata Sample (Machine-readable data file) prepared by the Census Bureau. Washington, D.C.; the Bureau {producer and distributor}, 2008.

Excludes people in institutions, military group quarters, college dormitories, and unrelated children under 15 years old (typically foster children).

Prepared by: Policy Research & Strategic Planning, Ohio Dept. of Development.

**65. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_FosterCare**Row Name:** Number living in foster home care**Column Name:****Year:** 2010**Field Note:**

Data Source: Ohio Department of Job and Family Services.

These are the children who were in Foster Care during CY 2008. This is an unduplicated count of children. If the same child entered Foster Care on more than one occasion, he/she is counted only once.

Based on SACWIS Data Run on 3/18/2009.

**66. Section Number:** Form21\_Indicator 09B**Field Name:** HSIEthnicity\_FosterCare**Row Name:** Number living in foster home care**Column Name:****Year:** 2010**Field Note:**

Data Source: Ohio Department of Job and Family Services.

These are the children who were in Foster Care during CY 2008. This is an unduplicated count of children. If the same child entered Foster Care on more than one occasion, he/she is counted only once.

Based on SACWIS Data Run on 3/18/2009.